

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: Medical Malpractice Liability
Project Name/Number: Manual Rewrite (Separating manual - Med. Mal. ONLY)/1881 1861 1827 1854 1766 1813 1827 1643 1634 1620 1681 1699 1688
1672 1715 1708 IL299 12760 12708

Filing at a Glance

Companies: The Cincinnati Casualty Company
The Cincinnati Indemnity Company
The Cincinnati Insurance Company

Product Name: Medical Malpractice Liability

State: Illinois

TOI: 11.0 Medical Malpractice - Claims Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations

Filing Type: Rule

Date Submitted: 08/09/2012

SERFF Tr Num: CNNA-128613338

SERFF Status: Closed-Filed

State Tr Num: CNNA-128613338

State Status:

Co Tr Num: CQD-PRO-11-7519MM-IL

Effective Date: 03/15/2013

Requested (New):

Effective Date: 03/15/2013

Requested (Renewal):

Author(s): Connie Petertonjes

Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean

Disposition Date: 12/06/2012

Disposition Status: Filed

Effective Date (New): 03/15/2013

Effective Date (Renewal): 03/15/2013

State Filing Description:

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
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General Information

Project Name: Manual Rewrite (Separating manual - Med. Mal. Status of Filing in Domicile: ONLY)

Project Number: 1881 1861 1827 1854 1766 1813 1827 1643 Domicile Status Comments: 1634 1620 1681 1699 1688 1672 1715 1708 IL299 12760 12708

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/06/2012

State Status Changed:

Deemer Date:

Created By: Connie Petertonjes

Submitted By: Connie Petertonjes

Corresponding Filing Tracking Number:

Filing Description:

We are rewriting our Division Seven - Professional Liability manual which has always contained both medical malpractice rules and rates along with Other Professional Liability rules and rates. Knowing this makes a very large amount of information that Illinois must weed through in order to get to the medical malpractices rules and rates, we have decided to separate our rules and rates into two manuals. The manual being proposed in this filing contains rules and rates specific to medical malpractice only. In addition to rewriting the manual, we are adding a few new types of medical malpractice liability coverage. Please refer to the explanatory memorandum for a detailed account of what is changing on each manual page.

Company and Contact

Filing Contact Information

Connie Petertonjes, CPCU, AFSB, AIM, connie_petertonjes@cinfin.com
 RPLU, Senior Filings Specialist
 6200 S. Gilmore Road 513-603-5352 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Casualty Company	CoCode: 28665	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0826946	

The Cincinnati Indemnity Company	CoCode: 23280	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-1241230	

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):
Reviewed

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Understood

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Understood

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Understood

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": Medical Malpractice

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: n/a

State:	Illinois	First Filing Company:	The Cincinnati Casualty Company, ...
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	12/06/2012	12/06/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	10/10/2012	10/10/2012
Pending Industry Response	Gayle Neuman	10/04/2012	10/04/2012

Response Letters

Responded By	Created On	Date Submitted
Connie Petertonjes	10/11/2012	10/11/2012
Connie Petertonjes	10/10/2012	10/10/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date	Note To Reviewer	Connie Petertonjes	12/05/2012	12/05/2012
effective date	Note To Filer	Gayle Neuman	12/05/2012	12/05/2012
Effective date	Note To Reviewer	Connie Petertonjes	10/22/2012	10/22/2012
use and file	Note To Filer	Gayle Neuman	10/22/2012	10/22/2012
Use and File	Note To Reviewer	Connie Petertonjes	10/22/2012	10/22/2012
test	Reviewer Note	Caryn Carmean	11/30/2012	
Actuarial Review	Reviewer Note	Caryn Carmean	11/26/2012	

State:	Illinois	First Filing Company:	The Cincinnati Casualty Company, ...
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Disposition

Disposition Date: 12/06/2012
Effective Date (New): 03/15/2013
Effective Date (Renewal): 03/15/2013
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Cincinnati Casualty Company	%	0.000%	\$0	3	\$676	0.000%	0.000%
The Cincinnati Indemnity Company	%	0.000%	\$0	15	\$4,133	0.000%	0.000%
The Cincinnati Insurance Company	%	-0.540%	\$-13,338	3,274	\$2,455,364	31.810%	-85.850%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	-0.540%
Effect of Rate Filing-Written Premium Change For This Program	\$-13,338
Effect of Rate Filing - Number of Policyholders Affected	3,292

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	COVER LETTER		Yes
Supporting Document	SIDE-BY-SIDE COMPARISON		Yes
Rate	Manual Rewrite		Yes

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1672 1715 1708 IL299 12760 12708

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/10/2012
Submitted Date	10/10/2012
Respond By Date	10/17/2012

Dear Connie Petertonjes, CPCU, AFSB, AIM, RPLU,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

How many insureds will be affected by the experience debits in the experience rating plan?

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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1672 1715 1708 IL299 12760 12708

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/04/2012
Submitted Date	10/04/2012
Respond By Date	10/11/2012

Dear Connie Petertonjes, CPCU, AFSB, AIM, RPLU,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

You are required to complete the "Company Rate Information" on the Rate/Rule Schedule tab. This is part of SERFF and the Statute says companies will use SERFF.

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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1672 1715 1708 IL299 12760 12708

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/11/2012
Submitted Date	10/11/2012

Dear Gayle Neuman,

Introduction:

I apologize for not completely answering your question before! I did find the answer, but just forgot to include it in my response. Sorry about that!

Response 1

Comments:

According to our actuary, we do not currently have any losses for the dentist's written under this program. So, no current policyholders will be affected by the experience debit increases.

As far as statistical reporting, we are an ISO reporting company and follow ISO's reporting conditions and requirements.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Hopefully this answers your questions. Let me know if I can provide any additional information.

Thanks!

Sincerely,

Connie Petertonjes

SERFF Tracking #:	CNNA-128613338	State Tracking #:	CNNA-128613338	Company Tracking #:	CQD-PRO-11-7519MM-IL
State:	Illinois	First Filing Company:	The Cincinnati Casualty Company, ...		
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations				
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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/10/2012
Submitted Date	10/10/2012

Dear Gayle Neuman,

Introduction:

Thank you for reviewing our Medical Malpractice manual rewrite submission.

Response 1

Comments:

We have rewritten the Social Services program. While it was not our intent to change rates, the revisions have resulted in a small net decrease of 0.54%. I was originally told by our technical area that these changes did not result in a premium change. However, in digging further, we do have a few policies that are affected by the revisions. I apologize for not providing this information up front. It was an oversight. I have also included the rate data in a post submission update.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	
Attachment(s):	
RF-3 THREE COMPANIES.pdf	
<i>Previous Version</i>	
<i>Bypassed - Item:</i>	<i>Form RF3 - (Summary Sheet)</i>
<i>Bypass Reason:</i>	<i>We are not including any rate changes with this filing. We have several new coverages, but no rates are being amended. Therefore, no net effect is being submitted on an RF-3.</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any other questions.

Sincerely,

Connie Petertonjes

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1672 1715 1708 IL299 12760 12708

Note To Reviewer

Created By:

Connie Petertonjes on 12/05/2012 11:36 AM

Last Edited By:

Gayle Neuman

Submitted On:

12/06/2012 08:01 AM

Subject:

Effective Date

Comments:

Dear Ms. Neuman:

Thanks for your review. We would still like to use a 3/15/13 effective date as previously mentioned.

Please let me know if you have any questions.

Sincerely,

Connie Petertonjes

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
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1672 1715 1708 IL299 12760 12708

Note To Filer

Created By:

Gayle Neuman on 12/05/2012 08:45 AM

Last Edited By:

Gayle Neuman

Submitted On:

12/06/2012 08:01 AM

Subject:

effective date

Comments:

The Department of Insurance has completed its review of this filing. You previously indicated possibly using an effective date of March 15, 2013. Do you still wish to have that effective date? Your prompt response is appreciated.

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
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1672 1715 1708 IL299 12760 12708

Note To Reviewer

Created By:

Connie Petertonjes on 10/22/2012 11:03 AM

Last Edited By:

Gayle Neuman

Submitted On:

12/06/2012 08:01 AM

Subject:

Effective date

Comments:

We will begin to use this filing effective 03/15/2013 for both New and Renewal.

(Our programming is such that we must have a lot of lead time to program all these changes.) So, the earliest we can begin using the rules and rates would be 03/15/2013. We will begin programming now for that date. Our software releases get sent to our agents 3 months in advance so that we can meet IL notice requirements for renewals. So, that means we have to get everything programmed by January of 2013.

Let me know if you have any other questions.

Thanks,

Connie Petertonjes

Note To Filer

Please indicate effective what date the company started utilizing this filing.

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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1672 1715 1708 IL299 12760 12708

Note To Reviewer

Created By:

Connie Petertonjes on 10/22/2012 06:41 AM

Last Edited By:

Gayle Neuman

Submitted On:

12/06/2012 08:01 AM

Subject:

Use and File

Comments:

Dear Ms. Neuman:

Thank you for speaking with me a few weeks ago about how IL handles objections on Med Mal rule/rate filings. After consulting with my manager and several key individuals in our commercial and programming departments, we have decided to go ahead and use the rules and rates proposed by this filing. We are doing so under IL Use and File rules.

You may not care one way or another, but the way my cover letter is worded makes it appear that we are waiting for approval. I just wanted to be clear of our intent.

Thanks for your help. And, please let me know if you have any additional questions or concerns with this filing.

Sincerely,

Connie Petertonjes

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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 1672 1715 1708 IL299 12760 12708

Reviewer Note

Created By:

Caryn Carmean on 11/30/2012 12:29 PM

Last Edited By:

Gayle Neuman

Submitted On:

12/06/2012 08:01 AM

Subject:

test

Comments:

testing

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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1672 1715 1708 IL299 12760 12708

Reviewer Note

Created By:

Caryn Carmean on 11/26/2012 12:22 PM

Last Edited By:

Gayle Neuman

Submitted On:

12/06/2012 08:01 AM

Subject:

Actuarial Review

Comments:

I completed. No further objections to this filing.

State: Illinois **First Filing Company:** The Cincinnati Casualty Company, ...
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1672 1715 1708 IL299 12760 12708

Post Submission Update Request Processed On 10/10/2012

Status: Allowed
Created By: Connie Petertonjes
Processed By: Gayle Neuman
Comments:

Rate Information:

Field Name	Requested Change	Prior Value
Rate Data Applies	Yes	No
Filing Method	Use and File	
Rate Change Type	Decrease	
Overall Pct. of Last Revision	4.200%	
Effective Date of Last revision	03/01/2004	
Filing Method of Last Filing	Prior Approval	

State: Illinois First Filing Company: The Cincinnati Casualty Company, ...
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Company Rate Information:

Company Name:The Cincinnati Casualty Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	0.000%	
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	3	
Written Premium for this Program	\$676	
Maximum %Change (where required)	0.000%	
Minimum %Change (where required)	0.000%	

Company Name:The Cincinnati Indemnity Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	0.000%	
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	15	
Written Premium for this Program	\$4133	
Maximum %Change (where required)	0.000%	
Minimum %Change (where required)	0.000%	

Company Name:The Cincinnati Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	-0.540%	
Written Premium Change for this Program	\$-13338	
# of Policy Holders Affected for this Program	3274	
Written Premium for this Program	\$2455364	
Maximum %Change (where required)	31.810%	
Minimum %Change (where required)	-85.850%	

Overall Rate Information:

Field Name	Requested Change	Prior Value
Overall Percentage Rate Impact For This Filing	-0.540%	

SERFF Tracking #:	CNNA-128613338	State Tracking #:	CNNA-128613338	Company Tracking #:	CQD-PRO-11-7519MM-IL
<hr/>					
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Rate Information

Rate data applies to filing.

Filing Method:	Use and File
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	4.200%
Effective Date of Last Rate Revision:	03/01/2004
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Cincinnati Casualty Company	%	0.000%	\$0	3	\$676	0.000%	0.000%
The Cincinnati Indemnity Company	%	0.000%	\$0	15	\$4,133	0.000%	0.000%
The Cincinnati Insurance Company	%	-0.540%	\$-13,338	3,274	\$2,455,364	31.810%	-85.850%

State:	Illinois	First Filing Company:	The Cincinnati Casualty Company, ...
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Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Manual Rewrite	Entire Manual - See explanatory memorandum for details	Replacement		IL MM 07-12 D.pdf

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

**THIS MANUAL CONTAINS THE RULES AND RATES
FOR PROFESSIONAL LIABILITY USED BY THE FOLLOWING
BY APPLYING THE FACTORS INDICATED**

**THE CINCINNATI INSURANCE COMPANY - 1.00
THE CINCINNATI CASUALTY COMPANY - .85
THE CINCINNATI INDEMNITY COMPANY - 1.35**

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its permission.**

1. APPLICATION OF THIS DIVISION

- A.** The rules contained in this subdivision apply to the following liability coverages:
- 1.** Blood Bank Professional Liability
 - 2.** Chiropodist / Podiatrist Professional Liability
 - 3.** Chiropractor Professional Liability
 - 4.** Dentist's Professional Liability
 - 5.** Diagnostic Testing Laboratory Professional Liability
 - 6.** Emergency Medical Technician Professional Liability
 - 7.** Medical Institution Professional Liability
 - 8.** Miscellaneous Health Care Professional Liability
 - 9.** Nurse's Professional Liability
 - 10.** Optometrist Professional Liability
 - 11.** Podiatrists Professional Liability
 - 12.** Physicians and Surgeons Professional Liability
 - 13.** Physiotherapist Professional Liability
 - 14.** Prior Acts or Omissions Extension of Coverage
 - 15.** Social Services Professional Liability
- B.** The coverages listed in Item **A.** above may be written as part of any policy containing property coverage.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

2. REFERRALS TO COMPANY

Refer to the company for:

- A. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification.
- B. Any applicable rating plan modification.

3. EFFECTIVE DATE

The date shown on the bottom of the page is a printing date and not necessarily the effective date. The effective date or distribution date will be announced on the Manual Revision Notice accompanying new or revised pages.

4. POLICY TERM

Policies may be written for a specific period up to five years.

5. PREMIUM COMPUTATION

A. One-year or Fractional Year Policies

- 1. For one-year policies, compute the premium using the rates in effect at policy inception.
- 2. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

5. PREMIUM COMPUTATION (Cont'd)

B. Multi-year Policies

1. For each annual period, compute the premium at inception using the annual rates in effect at that time.
2. Multi-year policies that are to be adjusted at each anniversary should have the Calculation of Premium (Annual Rerating) Endorsement **IA 429** attached. At each anniversary, compute the premium using the rates in effect at each anniversary.
3. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.
4. Prepaid policies should not be written in excess of a one year term except as otherwise indicated.

C. Installment Payments (including Quarterly Installments Option)

1. Refer to Division Nine - Multiple Line Manual for rules governing Installment Payments. This rule will apply to both multiline discounted and nondiscounted policies or monoline policies.
2. The following items apply to policies with Medical Professional Liability:
 - a. There is no interest charge associated with the installment plan.
 - b. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed Immediately as a separate transaction.
 - c. For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus \$2 or 1% of the annual premium whichever is less will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus the installment charge and will be due 3, 6, and 9 months from policy inception, respectively.

6. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

7. ROUNDING RULE

- A. Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill; for example, .1245 = .125.
- B. Round the premium for each coverage and exposure for which a separate premium is calculated to the nearest whole dollar. Round a premium involving \$.50 or over to the next higher whole dollar; for example, \$100.50 = \$101.00 but \$100.49 = \$100.00.

Note: Charge a premium of at least \$1 for each instance where a separate premium is calculated.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

MEDICAL MALPRACTICE LIABILITY MANUAL

GENERAL RULES

8. MINIMUM PREMIUM

Division Minimum Premium

The lowest amount for which the Professional Coverage Part may be written is \$100. This amount is not subject to any adjustment, including increased limits, package modification, expense factor or rate plans. Specific coverage minimum premiums are included within the Division Minimum unless stated otherwise. Specific coverage minimums that exceed the Division Minimum override the Division Minimum.

9. ADDITIONAL PREMIUM CHANGES

- A.** Prorate all changes requiring additional premium.
- B.** Apply the rates and rules in effect on the effective date of the policy. In computing the additional premium, charge the amount applicable on the effective date of the change even if the policy inception premium was less than the Division Minimum Premium.
- C.** Refer to Division Nine - Multiple Line Manual for rules governing waiver of premium. This rule will apply to both multiline discounted and nondiscounted policies or monoline policies.

10. RETURN PREMIUM CHANGES

- A.** Deletion of a mandatory coverage is not permitted unless the entire policy is cancelled. See Cancellation Rule.
- B.** Compute return premium at the rates used to calculate the policy premium.
- C.** Compute return premium pro rata and round to the nearest whole dollar when any change or exposure is deleted or an amount of insurance is reduced.
- D.** Refer to Division Nine - Multiple Line Manual for rules governing waiver of premium. This rule will apply to both multiline discounted and nondiscounted policies or monoline policies.
- E.** Retain the Division Minimum Premium.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

11. POLICY CANCELLATIONS

If the policy is canceled, the earned premium shall be calculated on a pro rata basis and rounded to the nearest whole dollar.

12. RATES AND PREMIUM DEVELOPMENT

- A. Rates are shown on the rate pages opposite the identifying code numbers of the classifications. For classifications not subject to premium adjustment on audit, the rates apply per policy year unless otherwise specified in classification footnotes.
- B. Use all bases of premium which are listed next to any particular classification in the Classification portion of this manual.
- C. Every risk whose classifications show the symbol (a) instead of a specific rate or minimum premium and every risk having no specific classification must be referred to the company.

13. INDIVIDUAL RISK SITUATIONS

A. Refer to Company

- 1. For rating or classifying any risk or exposure for which:
 - a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk; or
 - b. The coverage to be written is broader than that contained in the applicable standard coverage part; or
 - c. There is proof that, for a specified professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or
 - d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than \$1,000,000 in excess of a specified retained limit provided that such retained limit is not less than;
 - (1) \$350,000 per claim, as respects those exposures covered by underlying insurance; and
 - (2) \$10,000 per claim, as respects those exposures not covered by underlying insurance; or
 - e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is \$5,000 or more.
- 2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.
- 3. Where liability increased limits are provided and the risk is reinsured on a facultative basis.

The following rating procedure is available for the determination of the applicable premium:

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

13. INDIVIDUAL RISK SITUATIONS (Cont'd)

- a. Manual rules and rates shall apply to the portion of the limits of insurance retained by the company.
 - b. For limits of insurance obtained by means of facultative reinsurance, the premium shall be the facultative cost for such insurance increased by a charge up to but not exceeding 50%.
4. If an aggregate limit of professional liability is adjusted at any time during the policy period.

14. - 15. RESERVED FOR FUTURE USE

16. ADDITIONAL RULES

- A. When Professional Liability Coverage is added to a Homeowners Policy, attach Common Policy Conditions Form **PX 401** in conjunction with the Professional Liability Coverage Form.
- B. Attach Illinois Changes - Cancellation and Nonrenewal **IA 4210 IL** to all professional liability coverage forms issued in Illinois.
- C. Attach Emergency Medical Technician Professional Liability Amendatory Endorsement **GA 424 IL** to Emergency Medical Technician Professional Liability Coverage Form **PA 113**.
- D. Attach Illinois Changes - Health Care Facility Professional Liability Coverage Form **PA 4040 IL** to Health Care Facility Professional Liability Coverage Form **PA 126**.
- E. Attach Illinois Changes - Civil Union Endorsement **IA 4395 IL** to all professional liability coverage forms issued in Illinois.
- F. Attach Illinois Changes - Extended Reporting Periods Endorsement **PA 4179 IL** to Home Health Care Professional Liability Coverage Form - Claims - Made **PA 135**.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

17. - 18. RESERVED FOR FUTURE USE

19. INTERSTATE ACCOUNTS

A. Rules and Rates

The rules and rates for Commercial Professional Liability coverage(s) will use the filed rates for each medical or professional liability exposure(s) in the respective state where the operations are licensed.

B. Forms

1. Professional liability policies providing coverage on locations in more than one state may be written on one policy subject to the basic coverage form(s) filed in the state where the:
 - a. Insured's largest medical or professional liability exposure or headquarters is located; or
 - b. Insurance is negotiated.
2. When applicable, forms recognizing state amendatory changes will be included as required by the coverage(s) afforded for each respective state endorsed.

20. ACORD FORMS

Current supplies of ACORD Applications, binders and / or certificates may be used for coverages relative to this line of business. Future state revisions will require use of the proper Applications on the effective date mandated.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services made against the insured hospital, institution or clinic.

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

MI-1313 - Hospital Questionnaire

IT-001 - Senior Citizens Long-Term Care Facility Supplemental Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per bed or number of outpatient visits. Per bed is the daily average number of beds, cribs or bassinets occupied during the policy period. Per outpatient visit is the total number of visits made during the policy period by patients who do not receive bed and board service.

Hospitals are subject to additional premium charges for each of their employed staff physicians, surgeons or dentists, other than interns, who do not have their own private practices. Refer to Rule 2. Physicians and Surgeons Professional to classify employed physicians and surgeons. Use .35 of the rate from the appropriate classifications for each employed physician or surgeon to calculate the additional charges.

2. Classifications

Based on the insured's business operation, choose the classification which best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

- a. **Clinics, Dispensaries or Infirmaries - treatment of outpatients only - no regular bed and board facilities.** This classification does not apply to drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science Institutions and not-for-profit dental clinics. Such risks should be submitted to the Home Office.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks should be classified and rated under the For-Profit classification. Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated according to Rule 2. Physicians and Surgeons Professional Liability.

Classification

Code

For-Profit-Per 100 outpatient visits

80613

Not-For-Profit-Per 100 outpatient visits

80614

Osteopathic-Per 100 outpatient visits

84803

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

- b. **Convalescent or Nursing Homes - not mental-psychopathic institutions.** This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit

Per bed	
Skilled Care	30018
Intermediate Care	30019
Assisted Living	30020
Group Homes	30021
Independent Retirement Living	30022
Per 100 outpatient visits	80951

Not-for-Profit

Per bed	
Skilled Care	30023
Intermediate Care	30024
Assisted Living	30025
Group Homes	30026
Independent Retirement Living	30027
Per 100 outpatient visits	80952

Skilled Care: Provides nursing care 24 hours per day by licensed nursing professionals. Some specialized equipment used. Most patients are totally dependent on the staff for assistance with Activities of Daily Living (ADL) including feeding, bathing, dressing and mobility. Staff will also administer tube feedings, catheterizations and injections. These facilities are eligible to participate in Medicare and Medicaid programs as nursing facilities.

Intermediate Care: Provides health care services at a more than incidental basis, but at a level below a skilled care facility. Usually do not administer tube feedings, catheterizations or injections. Most patients need assistance with Activities of Daily Living (ADL): dressing, bathing, feeding and mobility, and some assistance with medications. These facilities do not qualify for Medicare or Medicaid Program.

Assisted Living: Provides residents with minimal care by professional staff. Residents are ambulatory with minor exceptions, and need some assistance with Activities of Daily Living (ADL): dressing, bathing and feeding. The facility provides a protective environment involving communal meals and planned programs for their social and spiritual needs. Residents also receive incidental health care services, including assistance with medications.

Group Homes: These facilities provide living accommodations for senior citizens who need some form of structured living. These facilities will be under the direction of a live-in supervisor and may include communal dining, social and spiritual needs. Residents will be ambulatory and not dependent on others for Activities of Daily Living (ADL). Buildings occupied by Senior Citizens without any form of organized group activities and / or without live-in supervisor are not eligible for this classification. This classification is reserved for facilities that provide 15 or fewer beds per group home.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

Independent Retirement Living: Provides for residents who are of retirement age and in general good health. Residents do not receive any health care services, assistance with Activities of Daily Living (ADL) or medications. They occupy apartment / dwelling units that normally include cooking facilities and contain special features for senior citizens, such as panic or help buttons, wider doorways and halls. These facilities may offer voluntary social and spiritual programs, transportation and limited food service. Residents may be required to have a predetermined number of meals per day or per week in the facility's dining area. One or more LPNs may be on premises to answer call buttons.

- c. **Hospices.** This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

For-Profit-per bed	80510
Not-for-Profit-per bed	80512

- d. **Hospitals.** This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities. This is a NOC classification.

For-Profit

Per bed	80611
Per 100 outpatient visits	80610

Not-for-Profit

Per bed	80612
Per 100 outpatient visits	80617

Osteopathic

Per bed	84965
Per 100 outpatient visits	84966

- e. **Mental-Psychopathic Institutions.** This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

For-Profit

Per bed	80997
Per 100 outpatient visits	80999

Not-for-Profit

Per bed	80916
Per 100 outpatient visits	80917

- f. **Outpatient Surgical Facilities**

Osteopathic	84453
Not Osteopathic	80453

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

- g. **Rehabilitation Hospitals.** This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this rule.

For-Profit

Per bed	80516
Per 100 outpatient visits	80517

Not-for-Profit

Per bed	80518
Per 100 outpatient visits	80519

- h. **Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions.** This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

For-Profit

Per bed	80925
Per 100 outpatient visits	80953

Not-for-Profit

Per bed	80926
Per 100 outpatient visits	80954

- i. **Skilled Nursing Facilities - Short Term.** This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit

Per bed	80522
Per 100 outpatient visits	80523

Not-for-Profit

Per bed	80524
Per 100 outpatient visits	80525

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification Code	Rate	Minimum Premium Per Location
30018	351.00	3,510.00
30019	328.00	3,280.00
30020	292.00	2,920.00
30021	211.00	2,110.00
30022	18.00	180.00
30023	317.00	3,170.00
30024	296.00	2,960.00
30025	264.00	2,640.00
30026	190.00	1,900.00
30027	16.00	160.00
80453	(a)	(a)
80510	95.00	950.00
80512	69.00	690.00
80516	190.00	1,900.00
80517	8.00	included in 80516
80518	138.00	1,380.00
80519	8.00	included in 80518
80522	238.00	2,380.00
80523	8.00	included in 80522
80524	172.00	1,720.00
80525	8.00	included in 80524
80610	79.00	included in 80611
80611	1,618.00	16,180.00
80612	2,666.00	26,660.00
80613	(a)	(a)
80614	95.00	1,050.00
80617	114.00	included in 80612
80916	761.00	7,610.00
80917	38.00	included in 80916
80925	799.00	7,990.00
80926	381.00	3,810.00
80951	8.00	included in 30018 - 30022
80952	8.00	included in 30023 - 30027
80953	19.00	included in 80925
80954	19.00	included in 80926
80997	1,143.00	11,430.00
80999	40.00	included in 80997
84453	(a)	(a)
84803	(a)	(a)
84965	2,380.00	23,800.00
84966	95.00	included in 84965

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

RESERVED

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

4. Prior Acts Coverage

For Prior Acts Coverage, refer to Rule **50.B.** with the following amendments and additions:

The indicated factors are applied to the gross Cincinnati Insurance Companies' occurrence premium, and except for expense modification and the following rate plan, the premium for this coverage is not subject to any further modification or rate plan.

- | | |
|---|-----|
| a. Above average staffing for the past three years | .80 |
| b. Below average health and fire deficiencies for the past three years | .80 |
| c. No major health deficiencies for the past three years | .90 |
| d. A documented incident reporting program in place at least three years | .80 |
| e. No paid claims or suits brought in the past five years | .90 |
| f. No known circumstances, acts, errors or omissions that could result in a claim | .90 |

Failure to meet any of the above criteria may result in declination for Prior Acts Coverage.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

E. Rate Modification Plan

1. General Rules

- a. The rating plans in Rule 51. apply to the extent they are in addition to or not changed by the following rules.
- b. All credit and debit plans apply to each location / facility individually.

2. Management Practices Rating Plan

a. Facilities with Skilled Nursing Care

Modifications are based on deficiencies published from annual government survey reports over up to four years immediately preceding the effective date of the current policy term and compared to state averages.

b. Assisted Living Only Facilities

Modifications are based on deficiencies published from annual government survey reports over up to four years immediately preceding the effective date of the current policy term and compared to state skilled nursing care averages.

c. Quality of Care (Health) and Life Safety (Fire) Deficiencies

No years above average*	10% credit
No more than one year above average*	5% credit
Two years above average	5% debit
Over two years above average	15% debit

* No deficiencies with a "level of harm" rating over level 2 (Medicare.gov) or grade J or above (OSCAR). Any risk with deficiencies above these levels may also be declined or nonrenewed.

d. Staffing

For facilities with skilled care, modifications are based on the most recent annual government survey report of nursing staff hours per resident per day.

Total hours 30+ minutes greater than state average	10% credit
Total hours 30+ minutes below state average	10% debit

3. Experience Rating Plan (Refer to the Experience Rating Plan in Rule 51. The following Experience Credit is in addition to and the following Experience Debit replaces that plan. All else remains unchanged.)

a. Experience Credit

0 losses	10% credit
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b. Experience Debit*

1 loss	10% debit
2 losses	20% debit
3+ losses	35% debit

* A chargeable loss is defined as a paid loss or a reserve for a claim which the underwriter deems there is probable negligence involved and a loss payment is likely. Any risk that qualifies for an experience debit may also be declined or nonrenewed.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services.

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Part Declarations

C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

When multiple physicians or surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty. If two or more classifications apply to the same individual, use the highest rated classification. An individual who would normally be assigned to a classification whose code number is followed by an asterisk* or cross-hatch # must be classified under **b.** or **c.** below if they perform any of the procedures listed in **b.** or **c.**

a. Physicians and Surgeons Classifications	M.D. Code	D.O. Code
Aerospace Medicine	80230*#	
Allergy	80254*#	84254*#
Anesthesiology	80151	84151
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	80101	
Cardiovascular Disease-minor surgery	80281*	84281*
Cardiovascular Disease-no surgery	80255*#	84255*#
Dermatology-minor surgery	80282*	84282*
Dermatology-no surgery	80256*#	84256*#
Diabetes-minor surgery	80271*	

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Diabetes-no surgery	80237*#	
Emergency Medicine - including major surgery	80157	84157
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery.		
Emergency Medicine-no major surgery	80102	84102
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Endocrinology-minor surgery	80272*	84272*
Endocrinology-no surgery	80238*#	84238*#
Family Physicians or General Practitioners-no surgery	80420	84420
Family Physicians or General Practitioners-minor surgery	80421	84421
Forensic Medicine	80240*#	84240*#
Gastroenterology-minor surgery	80274*	84274*
Gastroenterology-no surgery	80241*#	84241*#
General Preventive Medicine-no surgery	80231*#	
Geriatrics-minor surgery	80276*	84276*
Geriatrics-no surgery	80243*#	84243*#
Gynecology-minor surgery	80277*	84277*
Gynecology-no surgery	80244*#	84244*#
Hematology-minor surgery	80278*	84278*
Hematology-no surgery	80245*#	84245*#
Hypnosis	80232*#	
Infectious Diseases-minor surgery	80279*#	
Infectious Diseases-no surgery	80246*#	
Intensive Care Medicine	80283	84283
This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Internal Medicine-minor surgery.....	80284*	84284*
Internal Medicine-no surgery	80257*#	84257*#
Laryngology-minor surgery.....	80285*	
Laryngology-no surgery	80258*#	
Legal Medicine	80240*#	
Manipulator		84801*
Neoplastic Diseases-minor surgery	80286*	
Neoplastic Diseases-no surgery	80259*#	
Nephrology-minor surgery	80287*	
Nephrology-no surgery	80260*#	
Nephrology-including child-minor surgery	80288*	84288*
Neurology-including child-no surgery	80261*#	84261*#
Nuclear Medicine	80262*#	84262*#
Nutrition.....	80248*#	
Occupational Medicine	80233*#	84233*#
Ophthalmology-minor surgery	80289*	84289*
Ophthalmology-no surgery.....	80263*#	84263*#
Otology-minor surgery.....	80290*	
Otology-no surgery	80264*#	
Otorhinolaryngology-minor surgery	80291*#	84291*
Otorhinolaryngology-no surgery	80265*#	84265*#
Pathology-minor surgery.....	80292*	84292*
Pathology-no surgery	80266*#	84266*#
Pediatrics-minor surgery	80293*	84293*
Pediatrics-no surgery.....	80267*#	84267*#

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Pharmacology-clinical	80234*#	
Physiatry.....	80235*#	
Physical Medicine and Rehabilitation	80235*#	84235*#
Physicians-minor surgery	80294*	
This is an NOC classification.		
Physicians-no surgery	80268*#	84268*#
This is a NOC classification.		
Physicians or Surgeons Assistants	80116*#	84116*#
This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and / or research endeavors of the physician or surgeon.		
Psychiatry-including child.....	80249*#	84249*#
Psychoanalysis.....	80250*#	
Psychosomatic Medicine.....	80251*#	84251*#
Public Health.....	80236*#	
Pulmonary Diseases-no surgery	80269*#	84269*#
Radiology-diagnostic-minor surgery	80280*	84280*
Radiology-diagnostic-no surgery	80253*#	84253*#
Rheumatology-no surgery.....	80252*#	84252*#
Rhinology-minor surgery.....	80270*	
Rhinology-no surgery	80247*#	
Scierotherapy.....		84802*
Teaching Physicians-no surgery	80321	
This classification applies to those physicians who would normally be assigned to codes 80230-80269 inclusive.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Teaching Physicians-minor surgery 80322

This classification applies to those physicians who would normally be assigned to codes 80270-80294.

Teaching Physicians or Surgeons-major surgery 80323

This classification applies to those specialists who would normally be assigned to one of the following codes:

80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Teaching Physicians or Surgeons-major surgery 80324

This classification applies to those specialists who would normally be assigned to code 80145.

Teaching Physicians or Surgeons-major surgery 80325

This classification applies to those specialists who would normally be assigned to one of the following codes:

80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Teaching Physicians or Surgeons-major surgery 80326

This classification applies to those specialists who would normally be assigned to one of the following codes:

80153, 80156, 80167,
80168, 80169, 80170.

Teaching Physicians or Surgeons-major surgery 80327

This classification applies to those specialists who would normally be assigned to one of the following codes:

80144, 80146, 80150,
80152, 80154, 80171.

b. Physicians-No Major Surgery Classifications (For Classifications with an *)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

	M.D. Code	D.O. Code
Acupuncture-other than acupuncture anesthesia	80437	84437
Angiography.....	80422	84422
Arteriography	80422	84422

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Catheterization..... 80422 84422

Arterial, cardiac or diagnostic-other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.

Discograms 80428 84428

Lasers-used in therapy 80425 84425

Lymphangiography 80434 84434

Myleography..... 80428 84428

Phlebography..... 80434 84434

Pneumoencephalography..... 80428 84428

Radiation Therapy 80425 84425

Shock Therapy 80431 84431

c. Physicians-No Major Surgery Classifications (For Classifications with a #)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques:

	M.D. Code	D.O. Code
Colonoscopy.....	80443	84443

Endoscopic Retrograde Cholangiopancreatography.....	80443	84433
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Laparoscopy (Peritonescopy).....	80440	84440
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Needle Biopsy.....	80446	84446
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Including lung and prostate, but not including liver, kidney or bone marrow biopsy.

Pneumatic or mechanical esophageal dilatation (not bougie or olive).....	80443	84443
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Radiopaque Dye Injections.....	80449	84449
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Injection into blood vessels, lymphatics, sinus tracts and fistulae
(Not applicable to Radiologists codes 80280* and 84280*).

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

d. Surgery Classifications	M.D. Code	D.O. Code
Abdominal	80166	
Cardiac.....	80141	
Cardiovascular disease	80150	84150
Colon and rectal	80115	
Endocrinology.....	80103	
Gastroenterology.....	80104	
General	80143	84143
This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.		
General practice or family practice	80117	
Geriatrics	80105	
Gynecology	80167	84167
Hand.....	80169	
Head and neck	80170	
Laryngology	80106	
Neoplastic.....	80107	
Nephrology.....	80108	
Neurology-including child	80152	84152
Obstetrics	80168	
Obstetrics-gynecology.....	80153	84153
Ophthalmology.....	80114	
Orthopedic.....	80154	84154
Otology	80158	
This classification does not apply to general practitioners or specialists performing Plastic surgery.		
Otorhinolaryngology	80159	
This classification does not apply to general practitioners or specialists performing Plastic surgery.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Plastic 80156 84156

This is an NOC classification.

Plastic-otorhino-laryngology..... 80155 84155

Rhinology 80160

Thoracic..... 80144 84144

Traumatic..... 80171

Urological 80145 84145

Vascular..... 80146

e. Physicians and Surgeons-In Active US Military Service Classifications

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Physicians-no surgery 80131 84131

Physicians-no major surgery 80172 84172

Physicians-minor surgery 80132 84132

Physicians or Surgeons-major surgery 80172 84172

This classification applies to those specialists who would normally be assigned to one of the following codes:

80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Physicians or Surgeons-major surgery 80173 84173

This classification applies to those specialists who would normally be assigned to the following codes: 80145, 84145.

Physicians or Surgeons-major surgery 80174 84174

This classification applies to those specialists who would normally be assigned to one of the following codes:

80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Physicians or Surgeons-major surgery 80175 84175

This classification applies to those specialists who would normally be assigned to one of the following codes:

80153, 80156, 80167,
80168, 80169, 80170.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Physicians or Surgeons-major surgery 80176 84176

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

Additional charges:

Radiation therapy 80136 84136

Shock therapy 80137 84137

f. Additional charges

These classifications are not designed to be used as governing classifications, except for partnership or corporate liability (codes 80999 and 84999).

The following additional charges apply for all classifications, except classifications in e. above.

Business Entity Professional Liability 80999 84999

This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a corporation, limited liability company or partnership. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

+Employed Nurse Anesthetist 80452 84452

The manual rate for this classification will be .10 of the rate for Anesthesiology codes 80151 and 84151.

Employed Physicians or Surgeons Assistants 80129 84129

This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.

Employed Physicians or Surgeons 80177 84177

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

+Employed Technicians-radium, including diagnostic X-ray laboratory or pathological	80148	84148
+Employed Technicians-radiation therapy	80149	84149
+Shock Therapy-by employed physicians or surgeons involved with major surgery	80161	84161
Shock Therapy-by insured physicians or surgeons involved with major surgery	80162	84162
This additional charge applies to each insured physician or surgeon doing shock therapy work.		
+Radiation Therapy-by employed physicians or surgeons involved with major surgery	80163	84163
Radiation Therapy-by insured physicians or surgeons involved with major surgery	80165	84165

This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

+The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It also applies to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

4. Additional Charge - Business Entity Professional Liability (Coverage B) - M.D. Code 80999/ D.O. Code 84999

When the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of 20% of the per person rate for each individual comprising the partnership, limited liability company, association or corporation for the exposure of the partnership, limited liability company, association or corporate entity. This charge is **in addition** to the charges below for full coverage.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher). If a lower limit is chosen for B, the individual charge(s) must be rated at that limit to derive the charge for Coverage B.

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80101	-	\$12,093.00	80156	84156	\$19,349.00
80102	84102	18,140.00	80157	84157	14,512.00
80103	-	12,093.00	80158	-	12,093.00
80104	-	14,512.00	80159	-	12,093.00
80105	-	12,093.00	80160	-	12,093.00
80106	-	12,093.00	80161	84161	726.00
80107	-	12,093.00	80162	84162	1,210.00
80108	-	12,093.00	80163	84163	908.00
80114	-	7,256.00	80165	84165	3,629.00
80115	-	12,093.00	80166	-	21,768.00
80116	84116	2,419.00	80167	84167	16,930.00
80117	-	14,512.00	80168	-	24,186.00
80129	84129	454.00	80169	-	19,349.00
80131	84131	58.00	80170	-	19,349.00
80132	84132	100.00	80171	-	19,349.00
80136	84136	58.00	80172	84172	231.00
80137	84137	58.00	80173	84173	308.00
80141	-	21,768.00	80174	84174	308.00
80143	84143	19,349.00	80175	84175	385.00
80144	84144	21,768.00	80176	84176	385.00
80145	84145	12,093.00	80177	84177	*
80146	-	21,768.00	80178	84178	**
80148	84148	182.00	80179	84179	(a)
80149	84149	363.00	80230	-	2,903.00
80150	84150	21,768.00	80231	-	3,629.00
80151	84151	12,093.00	80232	-	3,629.00
80152	84152	31,442.00	80233	84233	3,629.00
80153	84153	24,186.00	80234	-	3,629.00
80154	84154	21,768.00	80235	84235	3,629.00
80155	84155	16,930.00	80236	-	3,629.00
			80237	-	3,629.00

*25% of the rate applicable for the self-employed physician or surgeon.

**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80238	84238	\$3,629.00	80280	84280	\$7,256.00
80240	84240	2,903.00	80281	84281	8,466.00
80241	84241	4,837.00	80282	84282	4,837.00
80243	84243	3,629.00	80283	84283	8,466.00
80244	84244	3,629.00	80284	84284	7,256.00
80245	84245	3,629.00	80285	-	4,837.00
80246	-	4,837.00	80286	-	6,047.00
80247	-	3,629.00	80287	-	6,047.00
80248	-	3,629.00	80288	84288	11,052.00
80249	84249	3,629.00	80289	84289	4,837.00
80250	-	2,903.00	80290	-	4,837.00
80251	84251	2,903.00	80291	84291	4,837.00
80252	84252	3,629.00	80292	84292	4,837.00
80253	84253	4,837.00	80293	84293	7,256.00
80254	84254	2,903.00	80294	-	4,837.00
80255	84255	4,837.00	80321	-	2,721.00
80256	84256	3,629.00	80322	-	4,535.00
80257	84257	4,837.00	80323	-	9,070.00
80258	-	3,629.00	80324	-	9,070.00
80259	-	3,629.00	80325	-	12,698.00
80260	-	3,629.00	80326	-	14,512.00
80261	84261	7,256.00	80327	-	16,325.00
80262	84262	3,629.00	80420	84420	4,837.00
80263	84263	2,903.00	80421	84421	7,256.00
80264	-	3,629.00	80422	84422	7,256.00
80265	84265	3,629.00	80425	84425	7,256.00
80266	84266	3,629.00	80428	84228	7,256.00
80267	84267	4,837.00	80431	84431	7,256.00
80268	84268	3,629.00	80434	84434	7,256.00
80269	84269	4,837.00	80437	84437	7,256.00
80270	-	4,837.00	80440	84440	7,256.00
80271	-	6,047.00	80443	84443	7,256.00
80272	84272	6,047.00	80446	84446	7,256.00
80274	84274	7,256.00	80449	84449	7,256.00
80276	84276	7,256.00	80452	84452	1,210.00
80277	84277	6,047.00	-	84801	2,903.00
80278	84278	6,047.00	-	84802	4,837.00
80279	-	8,466.00			

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS

A. Medical and Surgical Specialties

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (that is, disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esophagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (for example, thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine.)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Geriatrics

The branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.

Gynecology

The branch of medicine that deals with the functions and diseases peculiar to women.

Hematology

The branch of medicine that deals with the blood and its diseases.

Hypnosis

A trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.

Infectious Diseases

Any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.

Internal Medicine

The branch of medicine that is concerned with diseases of the internal organs.

Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the

alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

NeoPlastic Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

Nutrition

The branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which food is assimilated.

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

The branch of medicine that deals with treatment of work related illnesses and injuries.

Ophthalmology

The branch of medicine that deals with the structure, functions and diseases of the eye.

Otology

The branch of medicine that deals with the ear

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Otorhinolaryngology

The branch of medicine that treats the ear, nose and throat.

Pathology

The branch of medicine that deals with the origin, nature, causes and development of diseases.

Pediatrics

The branch of medicine that deals with the diseases and hygienic care of children.

Pharmacology, Clinical

The branch of medicine concerned with the nature, preparation, administration and effects of drugs.

Physiatry

The practice of Physical Medicine.

Physical Medicine

A consultative diagnostic, and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity, and exercises) occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.

Psychiatry

The branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.

Psychoanalysis

A system used in the investigation of the human mind and the treatment of mental disorders.

Psychosomatic Medicine

The branch of medicine that investigates the reciprocal influences of body

and mind in the cause, prevention, treatment and cure of disease.

Public Health

The branch of medicine that deals with the protection and improvement of community health by organized community effort and including Preventive Medicine and Sanitary and Social Science.

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

The branch of medicine that relates to radiant energy and its application especially in the diagnosis and treatment of disease.

Rheumatology

The branch of medicine that treats rheumatism, a disease marked by inflammation of the connective tissue structures of the body, especially the muscles and joints.

Rhinology

The branch of medicine that relates to the nose and its diseases.

Roentgenology

(See Radiology)

Sclerosant

A medicinal substance which induces inflammation in a tissue and subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.

Sclerotherapy

The use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

The branch of surgery concerned with the preservation and restoration of the function of the skeletal system.

Surgery, Plastic

Surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

Surgery pertaining to the urinary tract of both male and female, and with the genital organs of the male.

Surgery, Vascular

Surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.

B. Medical and Surgical Procedures

Acupuncture

Puncture of the skin with long, fine needles for relief of pain.

Angiography

The injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiologic study of the vessel or its branches.

Arteriography

X-ray studies of arterial circulation following injection of radiopaque material into the blood stream.

Catheterization, Cardiac

Passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).

Catheterization

The employment or passage of a catheter.

Cryosurgery

Surgery in which extreme cold chilling (as by use of liquid nitrogen or carbon dioxide) produces the desired dissection.

Discograms

A radiological film of an intervertebral disk.

Endoscopy

The inspection of cavities of the body by use of the endoscope.

Laparoscopy (Peritoneoscopy)

A method of examining the peritoneal cavity by means of a peritoneoscope.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Lasers

An operating assembly used to emit a powerful, highly directional and coherent (nonspreading), monochromatic beam of light which has been used as a surgical tool and in research.

Lymphangiography

Radiological visualization of lymphatic vessels (absorbitant vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of a contrast medium.

Major Surgery

Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and Plastic surgery.

Minor Surgery

A surgical procedure of slight extent and not hazardous to life.

Myelography

Radiological visualization of the spinal cord after injection of a contrast medium.

Needle Biopsy

A biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.

Radiation Therapy

The treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.

Radiopaque

Not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media" are introduced to parts of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

Shock Therapy

The treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

C. Definitions

1. D.O. means Doctor of Osteopathy.
2. For-Profit Hospital, Institution or Clinic means one which is neither a Governmental Hospital, Institution or Clinic, nor a Not-For-Profit Hospital, Institution or Clinic as defined in this rule.
3. Major Surgery means:
 - a. Performing major surgery; or
 - b. Assisting in major surgery on patients other than the insured's.Tonsillectomies, adenoidectomies and cesarean sections are major surgery.
4. M.D. means Medical Doctor.
5. Minor Surgery means:
 - a. Performing minor surgery (including obstetrical procedures which are not major surgery); or
 - b. Assisting in major surgery on the insured's patients.
6. No Surgery means neither performing surgery or obstetrical procedures nor assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical incision are not surgery.
7. Not-For-Profit Hospital, Institution or Clinic means one which is not operated by a governmental unit and the net earnings of which do not inure to the benefit of any private individual.
8. Teaching Physician or Surgeon means one who teaches on a full-time basis and has no private practice.

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional dental services.

B. Forms

PA 128 - Dentist's Professional Liability Occurrence Coverage Form

PA 526 or **PA 531 (e-CLAS®)** - Dentist's Professional Liability Coverage Part Declarations (Occurrence)

PA 322 - Exclusion - General Anesthesia must be attached to all policies covering Dentist's Professional Liability, unless the insured dentist is rated as a class 3 which contemplates coverage for this exposure.

PA 323 - Exclusion - Cosmetic Dermal Procedures must be attached to all policies covering Dentist's Professional Liability.

C. Application (A separate application is to be completed by each dentist)

PA-007 or **PA 017 (e-CLAS®)** - Dentist's Professional Liability Application for new business

PA-435 - Dentist's Professional Renewal Questionnaire for renewal business

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each dentist.

2. Classifications

Refer the following classification to the Home Office for approval:

Class 3 Dentist

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); Class 2A (Professional Liability Class 80229); Class 2B (Professional Liability Class 30028); and Class 3 (Professional Liability Class 80210). Corporation, Limited Liability Company or Partnership (Professional Liability Class 80239) is included if applicable.

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Dental Pathologist	1	In the Office: Local N ₂ O Oral Administered by other than an insured or insured's employee and only in a hospital: General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only Extraction of Erupted Third Molars Dentist's-(non-endodontists), performing root canals on multi-rooted teeth	2	Conscious IV
Implants / Surgical	2A	Conscious IM
Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony	2B	
Oral and Maxillofacial Surgeon	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit - Coverage A.
 \$ 5,000 Any One Person - Coverage B. First Aid Payments
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$1,111	1,687	3,354	2,277	8,066

Territory (002) - DuPage, Kane, Lake, Will Counties

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$790	1,211	2,403	1,635	5,662

Territory (003) - Remainder of State

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$790	1,211	2,403	1,635	5,662

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are \$1,000,000 Each Dental Incident / \$3,000,000 Aggregate;
3. Premium is \$25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** or **PA 531 (e-CLAS®)** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule 50.

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides \$50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach Form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides \$25,000/\$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach Form **PA 205**. No premium charge.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. **Multi-Jurisdiction Endorsement.** This endorsement allows a dentist who practices in more than one state, where one of those states may have a Patients Compensation Fund (PCF) or similar limit on their liability which in turn limits the amount of professional liability insurance they are required to carry. This endorsement may be desired by such insureds, as claims arising from other jurisdictions would not be subject to the PCF, and thus they may want to purchase a higher limit of insurance for such claims than they purchase for their practice in the state with the PCF or similar limit on their liability. The premium for this endorsement would be based on our filed rates for Dentist's Professional Liability in the states in question. The premium for the non-PCF state with the higher limit of insurance would be offset by the premium paid in the PCF state. Attach Form **PA 4111**.
4. **Locum Tenens (Temporary Substitute) Coverage.** Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach Form **PA 204**. No premium charge. Application **PA-007** or **PA 017 (e-CLAS®)** is required.
5. **Botulinum Toxin or Dermal fillers Coverage.** Attach Form **PA 216**. See **I. Rate Modification Plan, 6. Practice Rating Plan, f.** for rates.
 - Provide a copy of the insured's completion certificate for botulinum toxin or dermal fillers training course.
 - Provide a copy of the informed patient consent form the dentist uses prior to performing procedures.
 - Confirm that your client verified with their state dental board that these services are within the scope of a dentist's license.

I. Rate Modification Plan

1. General Rules

- a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
- b. All credits and debits apply to each dentist individually.
- c. The credits and debits provided by these plans shall be taken one after the other and not added together.
- d. The total credits for all Rating plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

2. Recent Graduate Rating Plan:

First year dentist	60% credit
Second year dentist	40% credit
Third year dentist	20% credit

The first year begins on the date the dentist receives the first state or regional board certification.

3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less than 45 days but no more than 180 days.

5. Association Rating Plan:

- a. Member of a local, state, or national dental association 5% **credit**
- b. Member of the Chicago Dental Society 5% **credit**

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

6. Practice Rating Plan:

- a. Endodontic work by any classification other than Endodontic specialist:

- Treatment of single-rooted teeth 10% **debit**
- Treatment of multi-rooted teeth 25% **debit**

If both, only apply the debit associated with Treatment of multi-rooted teeth.

- b. Extraction of:

- Erupted third molars 15% **debit**
- Impacted third molars - soft tissue or partial bony only 25% **debit**

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

These debits do not apply to Class 2B dentists.

- c. If not doing oral cancer examinations: 15% **debit**
- d. Mini, Immediate Load or micro implants or Temporary Anchorage Devices (TAD). (if not rated as a Class 2A) 15% **debit**
- e. Administering IV Sedation \$500 **flat**
- f. Administering botulinum toxins, onabotulinumtoxinA, onabotulinumtoxinB, or dermal fillers \$275 charge at \$100,000/\$300,000 limits (higher limits subject to increase limit factors)

7. Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credit:

Dentists eligible for the Recent Graduate Rating Plan are not eligible for an Experience Rating Plan credit.

0 losses 25% **credit**

b. Experience Debits:

- 1 loss:
- | | | |
|-----------------|-----------|-------------------|
| paid or reserve | ≤ \$5,000 | 15% debit |
| paid or reserve | > \$5,000 | 25% debit |
| 2 losses | | 100% debit |
| 3 losses | | 300% debit |

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an experience debit may also be declined or non-renewed.

8. Expense Considerations

The experience and practice rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 4051 - Blood Bank Professional Liability Endorsement

C. Application

Refer to Home Office.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each donation.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Blood Bank (Each Donation)	80992	\$.29

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropodist or podiatrist.

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Part Declarations

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each chiropodist and podiatrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Chiropodist / Podiatrist - NOC	80993	\$3,093.00
Chiropodist / Podiatrist in Active United States Military Service	80935	\$ 138.00
Chiropodist / Podiatrist employed full time by the Federal Government	80936	\$ 208.00

3. Additional Charges

a. Vicarious Liability / Chiropodist / Podiatrist	80943	\$1,288.00
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This charge applies to those chiropodists / podiatrists not insured under the named insured's policy (that is, having their professional liability coverage with another carrier or under a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80993, 80935 or 80936 and obtain Application **LC-1070** for that individual.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

b. Business Entity Professional Liability (Coverage B) - Code 80950

When the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of \$xxx.xx for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for codes 80993/80935/80936/80943.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

E. Refer to Home Office:

D.P.M.'s that:

1. Perform surgery (removal of warts, corns, ingrown toenails and bunions are not considered surgery);
2. Use general anesthesia; or
3. Perform treatment for anything other than minor foot ailments.

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropractor.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each chiropractor.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule **52**.

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Chiropractor	80410	\$1,451.00
3. Additional Charges		
a. Vicarious Liability / Chiropractor	80411	\$363.00
This charge applies to those chiropractors not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80410 and obtain an application for that individual.		
b. Business Entity Professional Liability (Coverage B) - Code 80412		
When the named insured consists of an individual(s) and a partnership, limited liability company, association or corporation, make an additional charge of \$xxx.xx for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for codes 80410/80411.		
For example: Named insured of Joe Smith and Smith Professional, Inc.		
Charge full rate for codes in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.		
The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).		
If there is no Business Entity or it is not being insured, add Endorsement PA 320 , Exclusion - Business Entity Professional Liability Coverage (Coverage B).		
If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement PA 4064 , Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.		

8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services as a medical or X-ray laboratory (i.e., a Diagnostic Testing Laboratory).

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 4054 - Diagnostic Testing Laboratory Professional Liability Endorsement

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis. The basis used is per \$1,000 of receipts.

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Medical or X-ray Laboratories	80715	\$4.65 per \$1,000 of receipts

E. This coverage is available to all medical or X-ray laboratories operated by:

1. Corporate interests; or
2. Persons who are not physicians.

This coverage is **not** available to the following types of laboratories:

1. Those operated at or away from hospitals by physician pathologists or physician radiologists;
2. Those operated by physicians or surgeons in connection with the treatment of their own patients;
or
3. Those operated by osteopaths.

Classify and rate the above risks from Rule 2. Physicians and Surgeons Professional Liability.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an optometrist.

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Form Declarations

PA 321 - Optometrists Amendatory Endorsement

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Optometrist NOC	80994	\$145.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	80946	\$169.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	80947	\$315.00
Optician - Refer to Rule 30.		

3. Additional Charges

- a. Vicarious Liability / Optometrist 80944 \$ 48.00

This charge applies to those optometrists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80994, 80946 or 80947 and obtain Application **CA-1038** for that individual.

- b. Business Entity Professional Liability (Coverage B) - Code 80956

When the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge for the exposure of the partnership, limited liability company, association or corporate entity as follows:

Optometrist NOC	\$19.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	\$19.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	\$39.00

This charge is in addition to the charge made for codes 80994/80946/80947/80944.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a physiotherapist (physical therapist).

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Form Declarations

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11. - 25. RESERVED

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26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a certified or registered emergency medical technician.

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part
Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. The rates and premium are based on each EMT.

2. Classifications

- a. EMT means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and / or the Interagency Committee on Emergency Services of the Federal Government.
- b. EMT-D means any person who has successfully completed a basic Emergency Medical Technician course as described in a. above and has also obtained the additional certification for use of a defibrillator.
- c. EMT - Advanced means any person who has successfully completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
- d. EMT - Paramedic means any person who has successfully completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.

3. Rates

Rates for Basic Limits: \$100,000 Each Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
EMT	30010	\$56.00
EMT-D	30011	56.00
EMT - Advanced	30012	66.00
EMT - Paramedic	30013	75.00

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27. - 29. RESERVED

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services.

B. Forms

PA 101 - Nurse's Professional Liability Coverage Form (used to provide coverage on a monoline basis)

PA 102 - Nurse's Professional Liability Policy (Declarations Page)

PA 122 - Nurse's Professional Liability Coverage Form (used to provide coverage when attached to a policy with other property and casualty coverages)

PA 522 - Nurse's Professional Liability Coverage Part Declarations

PA 324 - Exclusion - Cosmetic Dermal Procedures must be attached to all policies covering Nurse's Professional Liability.

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form (used to provide coverage for all other medical professions other than nurses and dentists)

PA 506 - Medical Arts Practitioner Professional Liability Coverage Declarations

C. Applications

PP-001 - Nurse's Professional Liability Application for nurses

CA-1038 - Professional Liability Application (Miscellaneous Professional) for all other professions

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

D. Rates / Premium Determination

1. Premium Basis. Rate and premium are based on each individual professional.
2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Subline / Code	Annual	3 year prepaid
Hygienist / Dental Assistant	240/81910	\$ 71.00	\$ 178.00
Nurse - LPN	240/80963	\$ 66.00	\$ 165.00
Nurse - RN	240/80964	\$ 66.00	\$ 165.00
Nurse - Obstetrics (labor & delivery)	240/30014	\$ 299.00	\$748.00
Nurse - Student	398/28000	\$ 25.00	\$ 63.00
Dietician	240/30015	\$ 66.00	\$ 165.00
Optician *	240/80937	\$ 101.00	\$ 253.00
Pharmacist *	240/59112	\$ 75.00	\$ 188.00
Hearing Aid Service Fitter *	220/59981	\$ 37.00	\$ 93.00
Medical Lab Technician (this classification is used when providing individual liability only)	240/80711	\$ 24.00	\$ 60.00
X-ray Technician (this classification is used when providing individual liability only)	240/80713	\$ 50.00	\$ 125.00
X-ray Technician with X-ray therapy	240/80714	\$ 39.00	\$ 98.00
Medical Technologist / Occupational Therapist / Respiratory Therapist	240/30016	\$ 66.00	\$ 165.00

* Professional coverage is provided through the Commercial General Liability Coverage Part when Form **CG 2265** or **CG 2269** is used with the appropriate General Liability code (Optical Goods Stores 15839, Drugstores 12375 or Hearing Aid Stores 13759). If using the above General Liability codes, do not charge separately for professional liability coverage.

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

3. Business Entity Professional Liability Coverage B (applicable to risks insured under the Medical Arts Practitioner Professional Liability Coverage Form, **PA 106**) - (Subline 240) (Class Code 30017)

If the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of 20% of the professional premium for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for above codes.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes listed in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement **PA 320**, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement **PA 4064**, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

4. Additional Charge - Business Entity (applicable to Nurse's Professional Liability) - (Subline 240) (Class Code 30017)

If the named insured consists of an individual(s) **and** a partnership, limited liability company, association or corporation, make an additional charge of 20% of the professional premium for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for above codes.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes listed in **2.** above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. The following classifications are ineligible:

1. Nurse Practitioners;
2. Nurse Anesthetists;
3. Nurse Midwives; and
4. Legal Nurse Consultants.

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

31. RESERVED

32. PEDORTHISTS PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a pedorthist (customized footwear).

B. Forms

PA 120 - Pedorthists Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each store.

2. Rates

Rates for Basic Limits: \$100,000 Each Occurrence Limit
 \$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Retail Shoe Store - no prescription work	80983	\$62.00
Retail Shoe Store - with prescription work	81983	93.00

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DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

33. - 35. RESERVED

36. SOCIAL SERVICES PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage provides protection against liability claims arising from the furnishing or failure to furnish professional services as a social service agency.

B. Forms - Occurrence (Subline Code 530)

PA 138 - Social Services Professional Liability Coverage Form

PA 4231 IL - Illinois Changes - Social Services Professional Liability Coverage Form

PA 567 or PA 568 (e-CLAS®) - Social Services Professional Liability Coverage Part Declarations

PA 219 - Department of Professional Regulation (DPR) Investigations Coverage - Coverage form will be attached to the policy at no additional premium when Social Services Professional Liability is a part of the policy - provides \$25,000 per occurrence with an annual aggregate of \$100,000 for an insured who becomes the subject of a Department of Professional Regulation, or a similar state regulatory board investigation.

Forms - Claims-Made (Subline Code 540)

PA 139 - Social Services Professional Liability Claims-Made Coverage Form

PA 4232 IL - Illinois Changes - Social Services Professional Liability Claims-Made Coverage Form

PA 565 or PA 566 (e-CLAS®) - Social Services Professional Liability Coverage Part Declarations Claims-Made

PA 218 - Department of Professional Regulation (DPR) Investigations Coverage - Coverage form will be attached to the policy at no additional premium when Social Services Professional Liability is a part of the policy - provides \$25,000 per claim with an annual aggregate of \$100,000 for an insured who becomes the subject of a Department of Professional Regulation, or a similar state regulatory board investigation.

PA 327 - Specific Matter Exclusion - May be used when providing claims-made professional coverage to exclude a specific act, error or omission that may lead to a future claim that would fall within the scope of Social Services Professional Liability.

C. Application

IA 024 - Social Services Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each professional individual.

2. Rates

Rates for Basic Limits: \$100,000 Each Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

Occurrence Base Rates				
Classification	Class Code	Low	Medium	High
Each residential facility	20023	\$108	\$216	\$ 360
Doctorate Degree - Psychologist, Therapist and other closely related health field	20024	360	720	1,080
Graduate Degree - Social Worker, Sociologist, Therapist, and other closely related health field	20025	72	108	216
Other Degree Counselor, Social Worker, Therapist, Nurse, Manager or closely related field	20026	43	72	108
Teacher, Nutritionist, Aides and other similar social service professionals	20027	29	43	79

Low

Marriage and Family Counseling
Creative Arts Therapy
Fund Raising Organizations
Individual Counseling (Stress, Career, etc)
Volunteer Recruitment
Peer Counseling with Professional Supervision
Recreational Programs for disabled or elderly
Cultural / Linguistic Assimilation Programs
Client Advocacy Organization (No Individual Clients)
Independent Living
Vocational Education / Sheltered Workshops

Medium

Homeless Counseling
Hotlines (Not Crisis Intervention)
Counseling Developmentally Disabled
Residential Developmentally Disabled
Respite Care
Special Needs Education
Mental Health Counseling For Emotionally Disturbed (Not Violent)

High - Refer to the Home Office prior to binding:

Counseling / Residential - Battered Women / Abused
Children / Drug Abusers
Residential Care for Children
Foster Care
Adoption
Crisis Intervention

- Additional Charge for Entity**, other than individuals, professional liability for Social Service Entity, Partnership, Limited Liability Company, Association or Corporation.

When the named insured is not an individual, make an additional charge of 10% of the social service professional premium for the exposure of the entity. This charge is in addition to the charge made for individual professionals.

Charge full rate in 2. above for exposure of individuals, in addition to this charge for exposure of the entity.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

4. **Part-time Rating Plan** - To qualify for a part-time credit of 50%, the social service professional must work no more than 20 hours per week.

5. **Prior Acts Coverage Endorsement - PA 4028**

Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Each Professional Incident
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge and premium is fully earned.

6. **Claims-Made Coverage**

Claims-made rates are calculated by applying a claims-made multiplier to the appropriate occurrence rate. Claims-made multipliers are shown below.

Claims-made multipliers vary by the appropriate year in claims-made. These claims-made multipliers assume a Retroactive Date coincident with the effective date of the insured's first claims-made policy in an uninterrupted claims-made program and that the date is not advanced upon renewal. If the Retroactive Date is advanced, the new Retroactive Date should be considered as the insured's entry into claims-made for the purposes of determining the appropriate year in claims-made.

Claims-Made Multipliers

Number of Whole Years in Claims-Made Program	Number of Months in Claims-Made Program											
	0	1	2	3	4	5	6	7	8	9	10	11
0	.25	.27	.29	.31	.33	.35	.37	.40	.42	.44	.46	.48
1	.50	.52	.54	.56	.58	.60	.62	.65	.67	.69	.71	.73
2	.75	.75	.76	.76	.77	.77	.77	.78	.78	.79	.79	.80
3	.80	.80	.81	.81	.82	.82	.82	.83	.83	.84	.84	.85
4+	.85	.85	.85	.85	.85	.85	.85	.85	.85	.85	.85	.85

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

7. Extended Reporting Periods - Claims-Made Coverage Form

- a. A 60-day Basic Extended Reporting Period is automatically provided without additional charge.
- b. A Supplemental Extended Reporting Period may be available, but only by endorsement and for an extra charge. The insured must request the endorsement within 60 days of the termination of coverage. The additional premium will not exceed 200% of the expiring annual premium. Attach Form **PA 220** - Supplemental Extended Reporting Period Endorsement.

E. Rate Modification Plan

1. General Rules

The rating plans in Rule **51**. apply to the extent they are in addition to or not changed by the following rules.

2. **Experience** (Refer to the Experience Rating Plan in Rule **51**. The following Experience Credit is in addition to that plan)

Experience Credit

0 losses	25% credit
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F. Optional Coverage

Multi-Jurisdiction Endorsement. This endorsement can be used for an insured who practices in more than one state, where one of those states may have a Patients Compensation Fund (PCF) or similar limit on the insured's liability which in turn limits the amount of professional liability insurance the insured is required to carry. This endorsement may be desired by such insureds, as claims arising from other jurisdictions would not be subject to the PCF, and thus they may want to purchase a higher limit of insurance for such claims than they purchase for their practice in the state with the PCF or similar limit on their liability. The premium for this endorsement would be based on the filed rates for Social Services Professional Liability in the states in question. The premium for the non-PCF state with the higher limit of insurance would be offset by the premium paid in the PCF state. Attach Form **PA 4029** for Claims Made Coverage or Form **PA 4030** for Occurrence Coverage.

G. The following operations are ineligible:

1. Alcohol or drug rehabilitation;
2. Sex counseling;
3. Abortion or birth counseling; and
4. Criminal rehabilitation or probation activities.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

37. - 38. RESERVED

39. - 49. RESERVED FOR FUTURE USE

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398)

A. Dentist's Professional Liability (Class Code 26050)

1. Description of Coverage

This endorsement to the Dentist's Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured. This form also includes Medical Waste Defense Expenses Reimbursement Coverage.

2. Forms

PA 421 - Dentist's Professional Prior Acts or Omissions Extension

3. Application

PA-007 - Dentist's Professional Liability Application

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge and premium is fully earned.

B. Other than Dentist's Professional Liability (Class Code 26112)

1. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)

2. Forms

PRIOR ACTS COVERAGE ENDORSEMENTS	
Form #	Applicable Coverage Forms
PA 4058	Emergency Medical Technician Professional Liability Coverage Form
PA 4059	Health Care Facility Professional Liability Coverage Form Medical Institution Professional Liability Coverage Form Nurse's Professional Liability Coverage Form
PA 4061	Medical Arts Practitioner Professional Liability Coverage Form

3. Application

PA-008 - Prior Acts or Omissions Application - Directors & Officers, Errors & Omissions or Professional

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52. Use increased limits chart according to insured's profession.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.26
2	.48
3	.63
4	.70
5 or more	.74

This is a one time charge and premium is fully earned.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

51. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN

Other than Dentist's Professional Liability

A. General Rules

1. Any risk that develops an annual basic limits premium of \$100 or more for the rated exposures may be eligible for the application of experience or schedule rating.
2. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
3. The credits or debits provided by these plans shall be taken one after the other and not added together.
4. This rating plan applies to all classes in Division Seven - Professional Liability, other than Dentist's Professional Liability. (Refer to the individual rules for rating plan.)

B. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

Experience Debit

One chargeable loss within the previous 3 years	30% debit
Two chargeable losses within the previous 3 years	50% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

C. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or classification analysis, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

D. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES

- A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:
1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
 2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal Place shall be considered as an additional unit in the second decimal Place.
 3. Where neither limit required appears in the table, refer to company.
- B. All limits are expressed in thousands of dollars.
- C. Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.12 (56)	1.19 (60)	1.24 (63)	1.27 (66)		
400	1.01 (55)	1.13 (56)	1.24 (60)	1.29 (63)	1.32 (66)		
500	1.03 (53)	1.18 (56)	1.28 (57)	1.36 (61)	1.41 (66)	1.54 (67)	
600	1.04 (55)	1.19 (56)	1.30 (58)	1.38 (63)	1.45 (66)	1.60 (70)	
750	1.05 (55)	1.19 (56)	1.30 (60)	1.39 (62)	1.46 (66)	1.62 (70)	
1,000	1.06 (54)	1.20 (56)	1.32 (59)	1.42 (63)	1.50 (66)	1.72 (68)	1.94 (71)
1,250	1.07 (55)	1.20 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (70)	1.98 (73)
1,500	1.08 (55)	1.21 (56)	1.33 (60)	1.43 (63)	1.51 (66)	1.75 (69)	2.06 (73)
2,000	1.09 (55)	1.22 (56)	1.34 (60)	1.44 (63)	1.52 (66)	1.76 (70)	2.10 (73)
2,500	1.10 (55)	1.23 (56)	1.35 (60)	1.45 (63)	1.53 (66)	1.77 (70)	2.10 (73)
3,000	1.11 (55)	1.24 (56)	1.36 (60)	1.46 (63)	1.54 (66)	1.78 (70)	2.12 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00 (52)	1.07 (56)	1.09 (60)	1.11 (63)	1.12 (66)				
400	1.01 (55)	1.08 (56)	1.11 (60)	1.13 (63)	1.15 (66)				
500	1.02 (53)	1.09 (56)	1.13 (57)	1.15 (61)	1.17 (66)	1.20 (67)			
600	1.03 (55)	1.10 (56)	1.14 (58)	1.17 (63)	1.19 (66)	1.22 (70)			
750	1.04 (55)	1.11 (56)	1.15 (60)	1.18 (62)	1.21 (66)	1.24 (70)			
900	1.05 (55)	1.12 (56)	1.16 (60)	1.19 (63)	1.23 (65)	1.26 (70)			
1,000	1.06 (54)	1.13 (56)	1.17 (59)	1.20 (63)	1.24 (66)	1.27 (68)	1.33 (71)		
1,250	1.07 (55)	1.14 (56)	1.18 (60)	1.21 (63)	1.25 (66)	1.28 (70)	1.34 (73)		
1,500	1.08 (55)	1.15 (56)	1.19 (60)	1.22 (63)	1.25 (66)	1.29 (69)	1.35 (73)	1.38 (74)	
2,000	1.09 (55)	1.16 (56)	1.20 (60)	1.23 (63)	1.26 (66)	1.30 (70)	1.36 (73)	1.39 (74)	1.42 (75)
2,500	1.10 (55)	1.17 (56)	1.21 (60)	1.24 (63)	1.27 (66)	1.31 (91)	1.37 (73)	1.40 (74)	1.43 (75)
3,000	1.11 (55)	1.18 (56)	1.22 (60)	1.25 (63)	1.28 (66)	1.32 (70)	1.38 (72)	1.41 (74)	1.44 (75)
4,000	1.12 (55)	1.19 (56)	1.23 (60)	1.26 (63)	1.29 (66)	1.33 (70)	1.39 (73)	1.42 (74)	1.45 (75)
4,500							1.40 (73)	1.43 (74)	1.46 (75)
5,000							1.41 (73)	1.44 (74)	1.47 (75)
6,000							1.42 (73)	1.45 (74)	1.48 (75)

3. Hospitals

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.08 (56)	1.12 (60)	1.14 (63)	1.16 (66)		
500	1.04 (53)	1.16 (56)	1.24 (57)	1.29 (61)	1.33 (66)	1.41 (67)	
600	1.05 (55)	1.18 (56)	1.27 (58)	1.33 (63)	1.38 (66)	1.49 (70)	
1,000		1.20 (56)	1.31 (59)	1.40 (63)	1.47 (66)	1.66 (68)	1.83 (71)
1,500		1.21 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (69)	2.01 (73)
2,000					1.51 (66)	1.76 (70)	2.09 (73)
3,000							2.14 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

4. Physicians Social Services

Aggregate	Per Claim / Medical Incident						1,000
	100	150	200	250	300	500	
300	1.00 (52)	1.15 (56)	1.24 (60)	1.32 (63)	1.38 (66)		
400	1.01 (55)	1.17 (56)	1.30 (60)	1.39 (63)	1.46 (66)		
500		1.19 (56)	1.32 (57)	1.44 (61)	1.52 (66)	1.74 (67)	
600		1.20 (56)	1.34 (58)	1.46 (63)	1.56 (66)	1.80 (70)	
750		1.21 (56)	1.35 (60)	1.48 (62)	1.58 (66)	1.87 (70)	
900				1.49 (63)	1.60 (65)	1.92 (70)	
1,000					1.61 (66)	1.94 (68)	2.30 (71)
1,500					1.62 (66)	1.99 (69)	2.44 (73)
2,000						2.00 (70)	2.50 (73)
2,500							2.52 (73)
3,000							2.53 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

5. Surgeons

Aggregate	Per Medical Incident					
	100	150	200	250	300	500 1,000
300	1.00 (52)	1.15 (56)	1.25 (60)	1.33 (63)	1.40 (66)	
400	1.01 (55)	1.18 (56)	1.31 (60)	1.41 (63)	1.48 (66)	
500		1.19 (56)	1.34 (57)	1.46 (61)	1.54 (66)	1.78 (67)
600		1.20 (56)	1.36 (58)	1.48 (63)	1.59 (66)	1.85 (70)
750		1.21 (56)	1.37 (60)	1.50 (62)	1.61 (66)	1.92 (70)
900				1.51 (63)	1.63 (65)	1.97 (70)
1,000					1.64 (66)	2.00 (68)
1,500					1.65 (66)	2.05 (69)
2,000						2.06 (70)
2,500						2.65 (73)
3,000						2.66 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

6. Chiropractors
Chiroprodists / Podiatrists
EMTs
Miscellaneous Health Care
Optometrists
Pedorthists
Physiotherapists

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.14 (56)	1.22 (60)	1.29 (63)	1.33 (66)		
400	1.01 (55)	1.15 (56)	1.26 (60)	1.34 (63)	1.38 (66)		
500		1.16 (56)	1.27 (57)	1.36 (61)	1.40 (66)	1.56 (67)	
600		1.17 (56)	1.28 (58)	1.37 (63)	1.42 (66)	1.62 (70)	
750		1.18 (56)	1.29 (60)	1.38 (62)	1.44 (66)	1.65 (70)	
900				1.39 (63)	1.46 (65)	1.67 (70)	
1,000					1.47 (66)	1.68 (68)	1.92 (71)
1,500					1.48 (66)	1.69 (69)	1.97 (73)
2,000						1.70 (70)	1.98 (73)
2,500							1.99 (73)
3,000							2.00 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

7. Blood Banks Medical or X-ray Laboratories

Aggregate	Per Medical Incident						1,000
	100	150	200	250	300	500	
300	1.00 (52)	1.15 (56)			1.38 (66)		
500	1.01 (53)	1.17 (56)	1.29 (57)	1.40 (61)	1.48 (66)	1.70 (67)	
600			1.30 (58)	1.40 (63)	1.49 (66)	1.75 (70)	
1,000						1.82 (68)	2.32 (71)
1,500						1.82 (69)	2.40 (73)
2,000							2.42 (73)
3,000							2.42 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

53. HOME HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

These coverage forms provide protection against liability claims arising from the furnishing or failure to furnish professional services as a home health care provider.

B. Forms

PA 134 - Home Health Care Professional Liability Coverage Form - Occurrence

PA 135 - Home Health Care Professional Liability Coverage Form - Claims-Made

PA 4179 IL - Illinois Changes - Extended Reporting Periods

PA 556/PAQ556/PDA556 - Home Health Care Professional Liability Coverage Part Declarations - Occurrence

PA 557/PAQ557/PDA557 - Home Health Care Professional Liability Coverage Part Declarations - Claims-Made

PA 211 - Licensing Board Defense Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 214 - Licensing Board Defense Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 212 - Medical Waste Defense Expenses Reimbursement Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 215 - Medical Waste Defense Expenses Reimbursement Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 210 - Patient Information Privacy Incident Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 213 - Patient Information Privacy Incident Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

C. Application

IA 017 - Home Health Care Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per \$1,000 of payroll.

2. Classifications

Based on the insured's business operation, choose the classification that best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Classification	Code
Nursing (LPN, RN)	89822
Therapeutic Services (Physical, Occupational, Respiratory, Speech, Chemotherapy and Dialysis)	89821
Home Health Aide	89825

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

Nursing - Consists of services that can be provided only by someone with at least the qualifications of a licensed practical nurse or registered nurse.

Physical Therapy - Consists of services that provide treatment to individuals to develop, maintain and restore maximum movement and function throughout life.

Respiratory Therapy - Consists of services providing exercises and treatments that help patients recover lung function after surgery.

Occupational Therapy - Consists of services providing therapy based on engagement in meaningful activities of daily life, especially to enable or encourage participation in such activities in spite of impairments or limitations in physical or mental functions.

Speech Therapy - Consists of services providing the treatment of the correction of a speech impairment which resulted from birth, or from disease, injury, or prior medical treatment.

Chemotherapy - Consists of services providing the use of chemical agents to treat or control disease.

Dialysis - Consists of services providing the procedure for cleansing the blood using membranes to filter out waste products; kidney dialysis is a substitute for the function of damaged or absent kidneys.

Home Health Aide - Consists of services that provide light housekeeping and homemaking tasks such as laundry, change bed linens, shop for food, and plan and prepare meals. Aides also may help clients get out of bed, bathe, dress, and groom. Some accompany clients to doctors' appointments or on other errands as well as provide instruction and psychological support to their clients. They may advise families and patients on nutrition, cleanliness, and household tasks.

3. Rates

a. Occurrence Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule **52.C.6.** Miscellaneous Health Care.

Classification	Rate per \$1,000 payroll
Nursing (LPN, RN)	1.33
Therapeutic Services (Physical, Occupational, Respiratory, Speech, Chemotherapy and Dialysis)	4.15
Home Health Aide	1.70

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

b. Claims-Made Rates

Claims-made rates are calculated by applying a claims-made multiplier to the appropriate occurrence rate. Claims-made multipliers are shown below.

Claims-made multipliers vary by the appropriate year in claims-made. These claims-made multipliers assume a Retroactive Date coincident with the effective date of the insured's first claims-made policy in an uninterrupted claims-made program and that the date is not advanced upon renewal. If the Retroactive Date is advanced, the new Retroactive Date should be considered as the insured's entry into claims-made for the purposes of determining the appropriate year in claims-made.

Claims-Made Multipliers

Number of Whole Years In Claims-Made Program	Number of Months in Claims-Made Program											
	0	1	2	3	4	5	6	7	8	9	10	11
0	.25	.27	.29	.31	.33	.35	.37	.40	.42	.44	.46	.48
1	.50	.52	.54	.56	.58	.60	.62	.65	.67	.69	.71	.73
2	.75	.75	.76	.76	.77	.77	.77	.78	.78	.79	.79	.80
3	.80	.80	.81	.81	.82	.82	.82	.83	.83	.84	.84	.85
4	.85											

4. Prior Acts Coverage

a. Description of Coverage

This endorsement to the Home Health Care Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

b. Form

PA 4154 - Prior Acts Coverage Endorsement

c. Rates / Premium Determination

(1) Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

(2) Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule **52.C.6**.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

The factors indicated below are applied to the gross Cincinnati Insurance Companies' occurrence premium, and except for expense modification and the following rate plan, the premium for this coverage is not subject to any further modification or rate plan.

- (1) A documented incident reporting program in place at least three years (.80 factor)
- (2) No paid claims or suits brought in the past five years (.90 factor)
- (3) No known circumstances, acts, errors or omissions that could result in a claim (.90 factor).

Apply each factor consecutively. Do not add them together.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge and premium is fully earned.

5. Extended Reporting Periods - Claims-Made Coverage Form

Upon termination of coverage for any reason, other than cancellation for nonpayment of premium, the following Extended Reporting Periods are provided:

- a. A 60-day Basic Extended Reporting Period is automatically provided without additional charge.
- b. A Supplemental Extended Reporting Period may be available, but only by endorsement and for an extra charge. The insured must request the endorsement within 60 days of the termination of coverage. The additional premium will not exceed 200% of the expiring annual premium. Attach Form **PA 4155** - Supplemental Extended Reporting Period Endorsement.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

E. Rate Modification Plan

1. General Rule

The rating plans in Rule 51. apply to the extent they are in addition to or not changed by the following rules.

2. Management Practices Rating Plan

Percentage of Skilled Care to total payroll:

- | | |
|--|-------------|
| a. >75% payroll in the skilled / therapeutic category | 0.75 factor |
| b. 25% - 75% payroll in the skilled / therapeutic category | 1.00 factor |
| c. <25% payroll in the skilled / therapeutic category | 1.25 factor |

Skilled / therapeutic means Nursing (RN and LPN), Therapy (Physical, Respiratory, Speech and Occupational), Chemotherapy and Dialysis.

3. Experience Rating Plan (This plan replaces Rule 51.B. for Home Health Care risks.)

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credit

0 losses	10% credit
----------	------------

b. Experience Debit

1 loss	10% debit
2 losses	20% debit
3+ losses	35% debit

A chargeable loss is defined as a paid loss or a reserve for a claim which the underwriter deems there is probable negligence involved and a loss payment is likely. Any risk that qualifies for an experience debit may also be declined or nonrenewed.

F. Optional Coverage

Multi-Jurisdiction Endorsement. This endorsement can be used for an insured who practices in more than one state, where one of those states may have a Patients Compensation Fund (PCF) or similar limit on the insured's liability which in turn limits the amount of professional liability insurance the insured is required to carry. This endorsement may be desired by such insureds, as claims arising from other jurisdictions would not be subject to the PCF, and thus they may want to purchase a higher limit of insurance for such claims than they purchase for their practice in the state with the PCF or similar limit on their liability. The premium for this endorsement would be based on the filed rates for Home Health Care Professional Liability in the states in question. The premium for the non-PCF state with the higher limit of insurance would be offset by the premium paid in the PCF state. Attach Form **PA 4169**.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GUIDE (a) RATES

1. RULES FOR USE OF GUIDE (a) RATES

- I. Rates differing from the guide (a) rates in the schedule, or a rating basis differing from a rating basis in the schedule, provided none is specified in the Medical Malpractice Liability Manual, may be established in individual cases by the company.
- II. (a) rates for exposures not assignable to any classification contained in the schedule of guide (a) rates or in the Medical Malpractice Liability Manual may be established in individual cases by the company.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GUIDE (a) RATES

36. RESERVED

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GUIDE (a) RATES

52. INCREASED LIMITS TABLES

- A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:
 - 1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
 - 2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal Place shall be considered as an additional unit in the second decimal Place.
 - 3. Where neither limit required appears in the table, submit for rating.
- B. All limits are expressed in thousands of dollars.
- C. Limit codes are shown in parentheses under factors.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GUIDE (a) RATES

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident								
	100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	2.01 (55)	2.07 (60)	2.09 (63)	2.16 (70)	2.26 (73)	2.33 (74)	2.48 (75)	2.58 (76)	2.68 (77)
4,500	2.02 (55)	2.08 (60)	2.10 (63)	2.17 (70)	2.27 (73)	2.33 (74)	2.48 (75)	2.59 (76)	2.68 (77)
5,000	2.03 (55)	2.09 (60)	2.11 (63)	2.18 (70)	2.28 (73)	2.34 (74)	2.49 (75)	2.60 (76)	2.70 (77)
6,000	2.04 (55)	2.10 (60)	2.12 (63)	2.19 (70)	2.29 (73)	2.35 (74)	2.50 (75)	2.61 (76)	2.71 (77)
7,500	2.05 (55)	2.12 (60)	2.13 (63)	2.20 (70)	2.30 (73)	2.36 (74)	2.51 (75)	2.62 (76)	2.72 (77)
9,000	2.06 (55)	2.14 (60)	2.14 (63)	2.21 (70)	2.31 (73)	2.37 (74)	2.52 (75)	2.63 (76)	2.73 (77)
10,000	2.07 (55)	2.15 (60)	2.15 (63)	2.22 (70)	2.32 (73)	2.38 (74)	2.53 (75)	2.64 (76)	2.74 (77)

2. Dentists

Aggregate	Per Dental Incident								
	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
2,500	1.44 (76)								
3,000	1.45 (76)	1.46 (77)							
4,000	1.46 (76)	1.47 (77)	1.48 (78)						
4,500	1.47 (76)	1.48 (77)	1.49 (78)						
5,000	1.48 (76)	1.49 (77)	1.50 (78)	1.51 (79)					
6,000	1.49 (76)	1.50 (77)	1.51 (78)	1.52 (79)	1.53 (80)				
7,500	1.50 (76)	1.51 (77)	1.52 (78)	1.53 (79)	1.54 (80)	1.55 (81)			
9,000	1.51 (76)	1.52 (77)	1.53 (78)	1.54 (79)	1.55 (80)	1.56 (81)	1.57 (83)	1.58 (84)	
10,000	1.52 (76)	1.53 (77)	1.54 (78)	1.55 (79)	1.56 (80)	1.57 (81)	1.58 (83)	1.59 (84)	1.60 (85)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GUIDE (a) RATES

3. Hospitals

Aggregate	Per Medical Incident		
	1,500	2,000	3,000
1,500	2.10 (74)		
2,000	2.24 (74)	2.30 (75)	
3,000	2.34 (74)	2.46 (75)	2.58 (77)
4,000	2.37 (74)	2.51 (75)	2.69 (77)
5,000	2.38 (74)	2.53 (75)	2.73 (77)

4. Physicians Social Services

Aggregate	Per Claim / Medical Incident			
	1,500	2,000	2,500	3,000
1,500	2.63 (74)			
2,000	2.73 (74)	2.85 (75)		
2,500	2.78 (74)	2.92 (75)	3.00 (76)	
3,000	2.80 (74)	2.96 (75)	3.06 (76)	3.12 (77)

5. Surgeons

Aggregate	Per Medical Incident			
	1,500	2,000	2,500	3,000
1,500	2.78 (74)			
2,000	2.89 (74)	3.04 (75)		
2,500	2.95 (74)	3.13 (75)	3.24 (76)	
3,000	2.98 (74)	3.17 (75)	3.31 (76)	3.39 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GUIDE (a) RATES

6. Chiropractors
Chiroprodists / Podiatrists
EMTs
Miscellaneous Health Care
Optometrists
Pedorthists
Physiotherapists

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident										
	1,500	2,000	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
1,500	2.100 (74)										
2,000	2.130 (74)	2.210 (75)									
2,500	2.140 (74)	2.230 (75)	2.280 (76)								
3,000	2.150 (74)	2.240 (75)	2.300 (76)	2.330 (77)							
4,000	2.170 (74)	2.260 (75)	2.310 (76)	2.351 (77)	2.483 (78)						
4,500	2.180 (74)	2.270 (75)	2.320 (76)	2.359 (77)	2.491 (78)						
5,000	2.200 (74)	2.300 (75)	2.330 (76)	2.368 (77)	2.501 (78)	2.638 (79)					
6,000					2.518 (78)	2.656 (79)	2.799 (80)				
7,500					2.544 (78)	2.683 (79)	2.828 (80)	2.977 (81)			
9,000					2.569 (78)	2.710 (79)	2.855 (80)	3.006 (81)	3.161 (83)	3.321 (84)	
10,000					2.585 (78)	2.726 (79)	2.873 (80)	3.025 (81)	3.181 (83)	3.342 (84)	3.508 (85)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GUIDE (a) RATES

7. Blood Banks Medical or X-ray Laboratories

Aggregate	Per Medical Incident		
	1,500	2,000	3,000
1,500	2.81 (74)		
2,000	2.88 (74)	3.25 (75)	
3,000	2.91 (74)	3.34 (75)	4.08 (77)
4,000		3.35 (75)	4.14 (77)
5,000			4.15 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL TERRITORY PAGE

Medical Professional (except Dentist's)

COOK COUNTY 001
REMAINDER OF STATE 002

Dentist's Professional

COOK COUNTY 001
DUPAGE, KANE, LAKE,
WILL COUNTIES 002
REMAINDER OF STATE 003

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE

The Terrorism Risk Insurance Act (TRIA) states that the Department of the Treasury will certify an act of terrorism for coverage to be subject to TRIA. Thus, acts of terrorism which are not certified may be considered other acts of terrorism.

A. Description of Coverage

1. **Certified Acts of Terrorism** - In accordance with the Terrorism Risk Insurance Act (TRIA), all companies writing Commercial property and casualty insurance must make available to policyholders coverage for certified acts of terrorism. The Secretary of Treasury will declare when an act of terrorism is a certified act of terrorism.
2. **Other Acts of Terrorism** - An Other Act of Terrorism is any act of terrorism which meets the definition of terrorism but is not certified by the Secretary of Treasury.
3. For insureds of The Cincinnati Insurance Companies, Certified Acts of Terrorism Coverage and Other Acts of Terrorism Coverage are linked together, either provided or excluded together, barring unusual exposures or circumstances, and subject to the forms, limitations, exclusions and rates in the rules below.

B. Offer, Disclosure and Forms - Disclosures / Limitations / Exclusions:

1. TRIA requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage. Companies must also inform insureds that a \$100 billion cap applies to certified acts of terrorism. Attach **Policyholder Notice Terrorism Insurance Coverage**, Form **IA 4236**.
2. Attach **Cap on Losses from Certified Acts of Terrorism**, Form **IA 4238** to the policy if the insured elects terrorism coverage.
3. If terrorism coverage is NOT desired, we must receive and have on file a written rejection from the insured. Attach **Exclusion of Certified Acts and Other Acts of Terrorism**, Form **IA 319 IL** to the policy.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

C. Premium Determination:

1. Certified Acts of Terrorism and Other Acts of Terrorism

- a. Apply the factor / rate shown below in accordance with the geographic tier and hazard class of the policy to all eligible policy premium to determine the additional premium for acts of terrorism.
- b. Factors / Rates apply per policy to all eligible coverage premiums and cannot be divided.
- c. Factors / Rates for terrorism coverage.
 - (1) **Eligible Policy Premium** - Includes all premium for all coverages and policies rated from any of the following except as noted:
 - (a) Division One - Auto
 - (b) Division Two - Machinery and Equipment
 - (c) Division Three - Crime
 - (d) Division Four - Farm
 - (e) Division Five - Fire and Allied Lines
 - (f) Division Six - General Liability
 - (g) Division Seven - Professional Liability, excluding any Medical Professional
 - (h) Division Eight - Inland Marine
 - (i) Division Nine - Multiple Line
 - (j) Commercial Umbrella Program, excluding any Medical Professional and any attached Personal Umbrella
 - (k) Businessowners Package Program, excluding any Medical Professional
 - (l) Dentist's Package Program, excluding any Medical Professional
 - (m) Package for Artisan Contractors
 - (n) Religious Institutions Package Policy
 - (o) Garage Operators Policy
 - (p) Financial Institutions Package Program
 - (q) Printers Package Program
 - (r) Metalworkers Package Policy
 - (s) Commercial Output Policy

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

(2) Geographic Tiers:

TIER	TERRITORY DEFINITION	TERRITORY CODES (Fire)	TERRITORY CODES (GL)
1	San Francisco, CA	CA - 380, 410	CA - 001
	Washington, D.C.	DC - All Codes	DC - 001
	Chicago, IL	IL - 082	IL - 001
	New York City, NY (Manhattan only)	NY - 310	NY - 001
2	Los Angeles County, CA	CA - 600-630	CA - 003
	Cook County, IL (Outside Tier 1)	IL - 080-089, excl - 082	IL - 007
	Suffolk County, MA (Boston Area)	MA - 130, 131	MA - 014
	Montgomery & Prince George's Counties, MD (DC Area)	MD - 160-179	MD - 002
	New York City, NY except Manhattan	NY - 030, 240, 300-309, 410, 430, 520	NY - 010
	Philadelphia, PA	PA - 510	PA - 001
	Harris County, TX (Houston Area)	TX - 718	TX - 004
	Arlington, Alexandria, VA (DC Area)	VA - 040, 150, 495, 545, 565	VA - 001
	King County, WA (Seattle Area)	WA - 170, 171	WA - 001
3	Remainder of Country	All Other per State	All Other

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

(3) **Hazard Classes** - These are subject to change in accordance with evolving knowledge of terrorist means, targeting and reinsurance limitations. Refer to the Terrorism Hazard Underwriting Guideline for current specific class and risk definitions:

(a) **High Hazard** - Subject to underwriting judgement, but primarily terrorism target properties as determined by ISO and / or associated with reinsurance limitations. Refer to company for classification and rating.

(b) **Low Hazard** - Subject to underwriting judgement, but generally all other classes and risks not considered a high hazard terrorism target but still potentially subject to loss, even if just collateral damage or incidental liability.

(4) **Rate Factors:**

(a) **Auto and Other Than Auto (OTA):**

HAZARD CLASS:	LINE:	GEOGRAPHIC TIERS:			MIN. PREM.:
		1	2	3	
LOW HAZARD	Auto OTA	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	\$ 25.00
		5.0% (0.050)	4.0% (0.040)	0.75% (0.0075)	
HIGH HAZARD	Auto OTA	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	\$125.00
		8.0% (0.080)	7.0% (0.070)	1.50% (0.0150)	

(b) Factors apply to final eligible premiums, after the application of all other rating factors including IRPM or Schedule credits or debits.

(c) Factors do not apply to state specified surcharges, fees or taxes.

(d) Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(e) This premium is subject to anniversary adjustment but not midterm adjustment.

State:	Illinois	First Filing Company:	The Cincinnati Casualty Company, ...
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Medical Malpractice Liability		
Project Name/Number:	Manual Rewrite (Separating manual - Med. Mal. ONLY)/1881 1861 1827 1854 1766 1813 1827 1643 1634 1620 1681 1699 1688 1672 1715 1708 IL299 12760 12708		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Explanatory Memorandum		
Comments:			
Attachment(s):			
MEMOF.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Form RF3 - (Summary Sheet)		
Comments:			
Attachment(s):			
RF-3 THREE COMPANIES.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:			
Attachment(s):			
Actuarial Certification-Med Mal.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Manual		
Bypass Reason:	<p>Nothing is being attached to this Supporting Documentation item.</p> <p>We are revising our ENTIRE MANUAL. Nothing is attached since the whole manual is being submitted for review. Please let me know if you have any questions. Thanks.</p>		

		Item Status:	Status Date:
Satisfied - Item:	COVER LETTER		
Comments:			

State:	Illinois	First Filing Company:	The Cincinnati Casualty Company, ...
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	Medical Malpractice Liability		
Project Name/Number:	Manual Rewrite (Separating manual - Med. Mal. ONLY)/1881 1861 1827 1854 1766 1813 1827 1643 1634 1620 1681 1699 1688 1672 1715 1708 IL299 12760 12708		

Attachment(s):
LETTER.pdf

		Item Status:	Status Date:
Satisfied - Item:	SIDE-BY-SIDE COMPARISON		
Comments:			
Attachment(s):			
Side-By-Side Comparison.pdf			

**ILLINOIS
DIVISION SEVEN – MEDICAL MALPRACTICE
RULES AND RATES MEMORANDUM**

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-GR-1 (7/12)	PL-GR-1 (11/03)	<p>RULE 1. APPLICATION OF THIS DIVISION Item A. – “Hospital” Professional Liability was amended to "Medical Institution" Professional Liability. "Medical or X-Ray" Laboratory Professional Liability was amended to "Diagnostic Testing" Laboratory Professional Liability. All non-medical malpractice professional liability coverages have been removed from this manual and placed in a separate manual, so references to those coverages have been removed. Renamed items were placed in alphabetical order. All items are re-numbered accordingly.</p> <p>Item B. – Moved to this page from PL-GR-2.</p>
MM-GR-2 (7/12)	PL-GR-2 (7/02)	<p>RULE 1. APPLICATION OF THIS DIVISION This rule has been moved to MM-GR-1.</p> <p>There are no changes to the remainder of the rules found on this page.</p>
MM-GR-3 (7/12)	PL-GR-3 (7/09)	<p>Page number is amended only. There are no changes to the rules found on this page.</p>
MM-GR-4 (7/12)	PL-GR-4 (7/09)	<p>RULE 8. MINIMUM PREMIUM The last paragraph of this rule is being deleted as it pertains only to non-medical malpractice coverages, which are no longer found in this manual.</p>
MM-GR-5 (7/12)	PL-GR-5 (7/02)	<p>Page number is amended only. There are no changes to the rules found on this page.</p>
MM-GR-6 (7/12)	PL-GR-6 (11/07)	<p>RULE 16. ADDITIONAL RULES The rules referencing Lawyers Professional, Condo or Homeowners Associations Wrongful Acts and Religious Institutions Wrongful Acts have been removed from this manual. Rules referring to the Civil Union Amendatory and an Extended Reporting Period endorsement for Home Health Care Professional have been added. Rules have been re-lettered accordingly.</p>
MM-GR-7 (7/12)	PL-GR-7 (7/02)	<p>Page number is amended only. There are no changes to the rules found on this page.</p>
MM-1 (7/12)	PL-1 (7/03)	<p>RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE Rule title was amended from "Hospital" Professional Liability Coverage to "Medical Institution" Professional Liability Coverage. Subline code was amended to 215.</p> <p>Item B. – Form titles (PA 114 and PA 514) were amended from "Hospital" Professional Liability Coverage to "Medical Institution" Professional Liability Coverage.</p>

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-2 through MM-4.2 (10/07)	PL-2 through PL-4 (7/03), PL-4.1 (11/06), PL-4.2 (7/03)	RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE Rule title was amended from "Hospital" Professional Liability Coverage to "Medical Institution" Professional Liability Coverage. Subline code was amended to 215.
MM-4.3 (7/12)	-----	RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE Item D.4. Prior Acts Coverage – Added a Prior Acts Coverage exception to rule 50.B. We write coverage for hospitals and nursing homes only on an occurrence form. Most companies write this coverage on a claims-made form. Due to the high cost of Prior Acts Coverage, (a coverage that is needed when changing from claims-made to occurrence), we are currently competitive only on risks that are new ventures or risks that are already on occurrence forms. The proposed rule includes a risk-based credit structure for Prior Acts Coverage that will allow us to be competitive on all risks.
MM-4.4 (7/12)	-----	RULE 1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE Item E. – Added a Rate Modification Plan. The proposed rule includes a risk-based credit/debit structure (based on annual government survey reports) that will allow us to be competitive on all risks. The proposed rules also include the introduction of an Experience Credit and the reduction of Experience Debits, which is an exception to the Experience Rating Plan in rule 51.
MM-5 (7/12)	PL-5 (7/02)	RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY Item B. – Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner".
MM-6 (7/12)	PL-6 (7/02)	Page number is amended only. There are no changes to the rules found on this page.
MM-7 (7/12)	PL-7 (7/02)	RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY Deleted the rules for an endorsement that is being withdrawn: PA 494 - Pathologists and Radiologists as Insured.
MM-8 (7/12)	PL-8 (7/02)	RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY Deleted the rules for an endorsement that is being withdrawn: PA 494 - Pathologists and Radiologists as Insured.
MM-9 (7/12)	PL-9 (7/02)	Page number is amended only. There are no changes to the rules found on this page.

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-10 (7/12)	PL-10 (7/02)	<p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY</p> <p>Deleted the rules for an endorsement that is being withdrawn: PA 494 - Pathologists and Radiologists as Insured. Also, amended typo: code 80433 amended to 80443 (Pneumatic or mechanical esophageal dilation).</p>
MM-11 and MM-12 (7/12)	PL-11 and PL-12 (7/02)	Page numbers are amended only. There are no changes to the rules found on these pages.
MM-13 (7/12)	PL-13 (7/02)	<p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY</p> <p>Item D.2.f. - "Partnership or Corporate" Liability (80999/84999) amended to "Business Entity Professional" Liability. Added mention of "limited liability company".</p>
MM-14 (7/12)	PL-14 (7/02)	<p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY</p> <p>Item D.4. – Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p>
MM-15 and MM-16 (7/12)	PL-15 and PL-16 (3/04)	Page numbers are amended only. There are no changes to the rules found on these pages.
MM-17 (7/12)	PL-17 (7/02)	<p>RULE 2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY</p> <p>Items E. and F. – Deleted rules for endorsements that are being withdrawn: PA 404 - Resident/Intern/Fellow Endorsement and PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p>
MM-18 through MM-21 (7/12)	PL-18 through PL-21 (7/02)	Page numbers are amended only. There are no changes to the rules found on these pages.
MM-22 (7/12)	PL-22 (3/04)	<p>RULE 4. DENTIST'S PROFESSIONAL LIABILITY</p> <p>Item B. – Added reference to PA 531 (e-CLAS®). This form was created for a new policy issuance system. Added references to forms PA 322 – Exclusion-General Anesthesia and PA 323 – Exclusion-Cosmetic Dermal Procedures and when they are to be used.</p> <p>Item C. – Added reference to PA 017 (e-CLAS®). This form was created for a new policy issuance system.</p>

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-23 (7/12)	PL-23 (11/06)	<p>RULE 4. DENTIST'S PROFESSIONAL LIABILITY Item D.2. – The Classifications chart is revised as follows:</p> <p>CLASS 1</p> <ul style="list-style-type: none"> Deleted <i>Extraction of Erupted Third Molars</i> and added <i>Dental Pathologist</i> in Procedures column; Revised Anesthesia column for (General, Deep or Intramuscular) anesthesia <i>Administered by other than an insured or insured's employee</i> to state this must be done only in a hospital. <p>CLASS 2</p> <ul style="list-style-type: none"> Added <i>Extraction of Erupted Third Molars</i> and added <i>Dentist's – (non-endodontists), performing root canals on multi-rooted teeth</i> in Procedures column. <p>CLASS 2B</p> <ul style="list-style-type: none"> Deleted reference to all types of anesthesia.
MM-24 (7/12)	PL-24 (3/08)	<p>RULE 4. DENTIST'S PROFESSIONAL LIABILITY Item D.3. – We have added a third territory (002) for DuPage, Kane Lake and Will Counties and have renumbered Remainder of State to 003. Since these counties would currently be included in the Remainder of State category, we are using the same rates.</p> <p>Item E.4. – Added reference to PA 531 (e-CLAS®). This form was created for a new policy issuance system.</p>
MM-25 (7/12)	PL-25 (11/06)	<p>RULE 4. DENTIST'S PROFESSIONAL LIABILITY Item H.3. Added new rule for a Multi-Jurisdiction Endorsement; Previous item 3. is moved to 4.</p> <p>Item H.4. – Added reference to PA 017 (e-CLAS®). This form was created for a new policy issuance system.</p> <p>Item H.5. – New item added to show the form number to use for Botulinium Toxin or Dermal Fillers Coverage along with requirements for coverage consideration.</p> <p>Items I.6. and 7. – These rules are moved to the following page.</p>

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-26 (7/12)	PL-25 and PL-26 (11/06)	<p>RULE 4. DENTIST'S PROFESSIONAL LIABILITY Item I.6. – Adding new rules d. and e. These are some additional debits which need to be applied for the referenced procedures. Our current rates do not contemplate these higher risk items and new debits or charges need to be applied. Adding new rule f. which explains the rating for the Botox Coverage option.</p> <p>Item I.7. – The first sentence of the Experience Rating Plan rule was revised to limit the experience period to the "three years immediately preceding the effective date". We deleted the "three years since the insured has had an experience debit" definition. Item a. is amended to add a sentence to clarify that dentist's who are eligible for the Recent Graduate Rating Plan are not eligible for an Experience Rating Plan credit. Also we deleted the requirement that, in order to apply an experience credit, the dentist must be insured with the Cincinnati Insurance Company entirely during the experience period. Item b. experience debits were revised as follows: 1 loss - from 15% to 15% or 25%; 2 losses - from 50% to 100%; 3 losses - from 100% to 300%.</p> <p>RULE 5. BLOOD BANK PROFESSIONAL LIABILITY Item B. – Form titles (PA 114 and PA 514) were revised from "Hospital" to "Medical Institution". Added mention of endorsement PA 4051 - Blood Bank Professional Liability Endorsement.</p>
MM-27 (7/12)	PL-27 (3/04)	<p>RULE 6. CHIROPDIST / PODIATRIST PROFESSIONAL LIABILITY Item B. – Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner".</p>
MM-28 (7/12)	PL-28 (3/04)	<p>RULE 6. CHIROPDIST / PODIATRIST PROFESSIONAL LIABILITY Item D.3.b. – Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> <p>Deleted form item 6.E. for an endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance. Former rule 6.F. was re-lettered as 6.E.</p> <p>RULE 7. CHIROPRACTOR PROFESSIONAL LIABILITY Item B. – Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner".</p>

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-29 (7/12)	PL-29 (3/04)	<p>RULE 7. CHIROPRACTOR PROFESSIONAL LIABILITY Item D.3.b. – Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> <p>Deleted former rule 7.E. for an endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p> <p>RULE 8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY Rule titled was amended from "Medical or X-Ray" Laboratory Professional Liability Coverage to "Diagnostic Testing" Laboratory Professional Liability Coverage.</p> <p>Item B. – Form titles (PA 114 and PA 514) were revised from "Hospital" to "Medical Institution". Added mention of endorsement PA 4054 - Diagnostic Testing Laboratory Professional Liability Endorsement.</p>
MM-30 (7/12)	PL-30 (3/04)	<p>RULE 8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY Rule title was amended from "Medical or X-Ray" Laboratory Professional Liability Coverage to "Diagnostic Testing" Laboratory Professional Liability Coverage.</p> <p>RULE 9. OPTOMETRIST PROFESSIONAL LIABILITY Item B. – Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner". Added mention of endorsement PA 321 – Optometrists Amendatory Endorsement.</p>
MM-31 (7/12)	PL-31 (3/04)	<p>RULE 9. OPTOMETRIST PROFESSIONAL LIABILITY Item D.3.b. – Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> <p>Deleted former rule 9.E. for an endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p> <p>RULE 10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY Item B. – Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner".</p>
MM-32 (7/12)	PL-32 (3/04)	<p>RULE 10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY Item D.3.b. – Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p>

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-33 (7/12)	PL-33 (11/06), PL-34 through PL-36 (3/04), PL-37 (11/08), PL-38 and PL-39 (3/04)	<p>RULE 10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY Deleted former rule 10.E. for an endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance.</p> <p>RULE 11. – 25. RESERVED These are previously all rules that are non-medical malpractice and are no longer shown in this manual. So, the rules are shown as reserved.</p>
MM-34 (7/12)	PL-40 (7/02) and PL-41 (3/04)	<p>RULE 26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY Item D.3. – Amended "Each Claim Limit" to "Each Incident Limit".</p> <p>The classification table which was found on PL-41 has been moved to this page to keep the rule together. No change in rates has occurred.</p>
MM-35 (7/12)	PL-41 (3/04), PL-42 (11/08), PL-43 (3/04), PL-44 (7/03)	<p>RULE 27. – 29. RESERVED These are previously all rules that are non-medical malpractice and are no longer shown in this manual. The rules are now shown as reserved.</p>
MM-36 (7/12)	PL-45 (3/04)	<p>RULE 30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY Item B. – Added reference to new form PA 324 – Exclusion-Cosmetic Dermal Procedures. The form must be attached to all policies covering Nurse's Professional Liability. Form titles (PA 106 and PA 506) were revised by adding "Medical Arts Practitioner" for forms PA 506 and PA 106. The description of the use of form PA 106 was clarified.</p>
MM-37 (7/12)	PL-46 (3/04)	<p>RULE 30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY Item D.2. - Deleted the requirement that monoline coverage must be on a 3 year prepaid term.</p>
MM-38 (7/12)	PL-47 (11/03)	<p>Rule 30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY Item D.3. – Additional Charge for "Partnership, association or corporation" renamed as "Business Entity Professional Liability (Coverage B)". Rules for Coverage A, Coverage B, endorsement PA 320 and endorsement PA 4064 were added.</p> <p>Added item D.4. – Additional charge for business entity Nurse's Professional Liability. This charge was inadvertently removed when the manual was previously revised.</p> <p>Deleted former rule E. for an endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance. Former rule 30.F. was relettered as 30.E.</p>

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-39 (7/12)	PL-47 (11/03) and PL-48 (3/04)	RULE 31. RESERVED This rule was a non-medical malpractice rule and is no longer shown in this manual. The rule is now shown as reserved.
MM-40 (7/12)	PL-48 (3/04), PL-49 (7/02), PL-50 (1/08), PL-51 (3/06), PL-52 (1/08), PL-53 and PL-54 (3/04)	RULE 33. – 35. RESERVED These are previously all rules that are non-medical malpractice and are no longer shown in this manual. The rules are now shown as reserved. RULE 36. SOCIAL SERVICES PROFESSIONAL LIABILITY Item B. – The applicable forms are amended to offer options for occurrence or claims-made. Also, the Illinois Changes endorsements are now both listed. Several other endorsements are also now listed. Item C. – The application to be used is no longer a generic professional liability application. It is a new application specific to Social Services organizations. Item D.2. – Amended "Each Claim Limit" to "Each Incident Limit".
MM-40.1 (7/12)	PL-55 (3/04)	RULE 36. SOCIAL SERVICES PROFESSIONAL LIABILITY Item D. 2. – Revised the classification table to break out the different classes by low, medium or high risk agencies. Item D.3. – Added reference to Limited Liability Companies.
MM-40.2 (7/12)	PL-55 (3/04)	RULE 36. SOCIAL SERVICES PROFESSIONAL LIABILITY Items D.4., D.5. and D.6. – New rules added regarding part time rating, prior acts coverage and claims-made coverage. Deleted former rule 36.E. for endorsement that is being withdrawn: PA 495 - Amendment-Combined Aggregate Limit of Insurance. Also deleted former rule 36.F. This rule is now The agencies mentioned in the former rule are now addressed as high risk in the classification table.
MM-40.3 (7/12)	PL-56 (11/07)	RULE 36. SOCIAL SERVICES PROFESSIONAL LIABILITY Items E. and F. – New rules added regarding rate modification plans and an optional coverage.
MM-41 (7/12)	PL-56 (11/07), PL-57 (3/04), PL-58 (7/02),	RULE 37. – 38. RESERVED These are previously all rules that are non-medical malpractice and are no longer shown in this manual. The rules are now shown as reserved. RULE 50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE Item A.1. – Added a sentence at end of the paragraph that indicates that Prior Acts coverage now includes Medical Waste Defense Expenses Reimbursement Coverage. Moved a portion of rule 50. from page PL-59 to this revised MM-41 page.

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-42 (7/12)	PL-59 (7/02)	RULE 50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE Item B.2. – Replaced the reference to generic Prior Acts endorsement PA 444 with a list of new coverage form specific Prior Acts endorsements.
MM-43 and MM-44 (7/12)	PL-60 (7/03) and PL-61 (3/04)	Page numbers are amended only. There are no changes to the rules found on these pages.
MM-45 (7/12)	PL-62 (3/08)	RULE 52. INCREASED LIMITS TABLES Item C.2. - Adding new increased limits factors for Dentist's for the following limits: <ul style="list-style-type: none"> • 1,000,000 / 4,500,000 • 1,000,000 / 5,000,000 • 1,000,000 / 6,000,000 • 1,500,000 / 4,500,000 • 1,500,000 / 5,000,000 • 1,500,000 / 6,000,000 • 2,000,000 / 4,500,000 • 2,000,000 / 5,000,000 • 2,000,000 / 6,000,000
MM-46 (7/12)	PL-63 (3/04)	RULE 52. INCREASED LIMITS TABLES Item C.4. – Removed reference to all non-medical malpractice coverages. Those coverages have been removed from this manual.
MM-47 (7/12)	PL-64 (3/04)	Page number is amended only. There are no changes to the rules found on this page.
MM-48 (7/12)	PL-65 (3/04)	RULE 52. INCREASED LIMITS TABLES Item C.6. – Removed reference to all non-medical malpractice coverages. Those coverages have been removed from this manual.
MM-49 (7/12)	PL-66 (7/02)	Page number is amended only. There are no changes to the rules found on this page.
MM-50 through MM-52 (7/12), MM-52.1 (7/12), MM-53 (7/12)	-----	Rule 53. HOME HEALTH CARE PROFESSIONAL LIABILITY Added a new rule to introduce Home Health Care Professional Liability Coverage. The coverage forms provide protection against liability claims arising from the furnishing or failure to furnish professional services as a home health care provider.
MM-G-1 (7/12)	PL-G-1 (7/02)	Page number is amended only. There are no changes to the rules found on this page.
MM-G-2 (7/12)	PL-G-2 (7/02)	RULE 36. RESERVED This rule is now reserved. Previously it was used to show the guide (a) rates for Social Services Professional Liability; however, the two classes previously shown are now listed in the new classification table in the Social Services rule. So, this rule is no longer needed.

NEW PAGE	REPLACED PAGE	DESCRIPTION OF CHANGE
MM-G-3 and MM-G-4 (7/12)	PL-G-3 (7/02) and PL-G-4 (3/08)	Page numbers are amended only. There are no changes to the rules found on these pages.
MM-G-5 (7/12)	PL-G-5 (3/04)	TABLE 4. Removed reference to all non-medical malpractice coverages. Those coverages have been removed from this manual.
PL-G-6 (00/00)	PL-G-6 (3/04)	TABLE 6. Removed reference to all non-medical malpractice coverages. Those coverages have been removed from this manual. Also added higher increased limits factors up to 10 million/ 10 million. The factors were determined by extrapolation.
MM-G-7 (7/12)	PL-G-7 (7/02)	Page number is amended only. There are no changes to the rules found on this page.
MM-T-1 (7/12)	PL-T-1 (7/03)	TERRITORY PAGE Removed reference to all non-medical malpractice coverages. Those coverages have been removed from this manual. Revised the Medical Professional territories to break out Dentist's since we are adding a third territory for that particular coverage.
MM-TRIA-1 through MM-TRIA 4 (7/12)	PL-TRIA-1 through PL-TRIA-3 (2/08) PL-TRIA-4 (11/03)	Page numbers are amended only. There are no changes to the rules found on these pages.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/15/2013

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$2,455,364.	-0.54%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all territories.
 The only classes affected are those associated with our Social Services program.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We have totally rewritten our Social Services program. This program actually contains both medical and non-medical professional coverages, so we have included it in the medical malpractice manual. We are revising the way we rate the professionals for these agencies. Our rating will now match other competitors in the marketplace, such as Philadelphia and Hanover. We currently insure very few of insured that have these coverages on the policy. The overall net effect of these rating changes is a decrease of 0.54%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company - FEIN 31-0542366

Name of Company

Connie Petertonjes - Senior Filings Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/15/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$676.	0.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____ Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all territories.
 The only classes affected are those associated with our Social Services program.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We have totally rewritten our Social Services program. This program actually contains both medical and non-medical professional coverages, so we have included it in the medical malpractice manual. We are revising the way we rate the professionals for these agencies. Our rating will now match other competitors in the marketplace, such as Philadelphia and Hanover. We do not currently write any policies containing this coverage. So the net effect on current insureds is 0.0%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Casualty Company - FEIN 31-0826946

Name of Company

Connie Petertonjes - Senior Filings Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/15/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	\$4,133.	0.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all territories.
 The only classes affected are those associated with our Social Services program.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We have totally rewritten our Social Services program. This program actually contains both medical and non-medical professional coverages, so we have included it in the medical malpractice manual. We are revising the way we rate the professionals for these agencies. Our rating will now match other competitors in the marketplace, such as Philadelphia and Hanover. We do not currently write any policies containing this coverage. So the net effect on current insureds is 0.0%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Indemnity Company - FEIN 31-1241230

Name of Company

Connie Petertonjes - Senior Filings Specialist

Official - Title

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, C. Kathleen Saurber, CPCU, AINS, a duly authorized officer of The Cincinnati Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Richard A. Knudson Jr., FCAS, MAAA, a duly authorized actuary of The Cincinnati Insurance Companies, am authorized to certify on behalf of The Cincinnati Insurance Company, The Cincinnati Indemnity Company and The Cincinnati Casualty Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

C. Kathleen Saurber, CPCU, AINS, Assistant Secretary
Signature and Title of Authorized Insurance Company Officer 8/6/2012
Date

Richard A. Knudson Jr., FCAS, MAAA, P & C Actuary
Signature, Title and Designation of Authorized Actuary 8/6/2012
Date

Insurance Company FEIN 31 - 0542366 - The Cincinnati Insurance Company
31 - 1241230 - The Cincinnati Indemnity Company
31 - 0826946 - The Cincinnati Casualty Company

Filing Number CQD-PRO-11-7519MM-IL

Insurer's Address P.O. Box 145496

City Cincinnati State OH Zip Code 45250-5496

Contact Person's:

Name and E-mail Connie Petertonjes connie_petertonjes@cinfin.com

Direct Telephone and Fax Number phone: (513) 603-5352 fax: (513) 881-8884



The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

August 9, 2012

Honorable Andrew Boron
Director of Insurance
Illinois Department Of Insurance
Property and Casualty Compliance Unit
320 W. Washington St.
Springfield, IL 62767-0001

Attention: Gayle Neuman

Reference: The Cincinnati Insurance Company - FEIN 31-0542366
The Cincinnati Casualty Company - FEIN 31-0826946
The Cincinnati Indemnity Company - FEIN 31-1241230
Commercial Lines
Division Seven - Medical Malpractice (11.0000)
Rule/Rate Filing
Filing #CQD-PRO-11-7519MM-IL

Dear Ms. Neuman:

At this time, we wish to file revised rules and rates per the attached memorandum. The rules and rates are applicable to all of the above companies. Please note that we have totally rewritten this manual. We have removed any coverages that are not Medical Malpractice and this manual now only contains Medical Malpractice rules and rates. The changes to this manual are editorial in nature. No rate changes are involved. We are adding some new coverages though, that do have new rates. However, there is no net effect on any current insured since these are new coverages that are being offered.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by December 1, 2012, for the software to be mailed to our agents on January 1, 2013, for the effective date of March 15, 2013.

Your approval is respectfully requested for use on policies effective on or after March 15, 2013.

Sincerely,

Connie Petertonjes, CPCU, AFSB, AIM, RPLU
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352
E-mail: connie_petertonjes@cinfin.com

Text Comparison

Documents Compared

IL PRO 11-08 F MANUAL.pdf - Adobe Acrobat Professional

IL MM 07-12 D.pdf

Summary

5844 word(s) added

7279 word(s) deleted

16287 word(s) matched

286 block(s) matched

To see where the changes are, scroll down.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL GENERAL RULES

THIS MANUAL CONTAINS THE RULES AND RATES
FOR PROFESSIONAL LIABILITY USED BY THE FOLLOWING
BY APPLYING THE FACTORS INDICATED

THE CINCINNATI INSURANCE COMPANY - 1.00
THE CINCINNATI CASUALTY COMPANY - .85
THE CINCINNATI INDEMNITY COMPANY - 1.35

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1. APPLICATION OF THIS DIVISION

A. The rules contained in this subdivision apply to the following liability coverages:

1. ~~Animal Grooming Professional Liability~~
2. ~~Blood Bank Professional Liability~~
3. ~~Cemetery Professional Liability~~
4. ~~Chiropracist / Podiatrist Professional Liability~~
5. ~~Chiropractor Professional Liability~~
6. ~~Clergy / Counselors Professional Liability~~
7. ~~Condominium or Homeowners Associations Wrongful Acts~~
8. ~~Cosmetologists and Barbers Professional Liability~~
9. ~~Cosmetology or Barbering School Professional Liability~~
10. ~~County Recorder and / or County Clerk's Errors and Omissions~~
11. ~~Dentist's Professional Liability~~
12. ~~Emergency Medical Technician Professional Liability~~
13. ~~Funeral Service Provider Professional Liability~~
14. ~~Hospital Professional Liability~~
15. ~~Insurance Agents Errors and Omissions~~
16. ~~Lawyer's Professional Liability~~
17. ~~Medical or X-Ray Laboratory Professional Liability~~
18. ~~Miscellaneous Health Care Professional Liability~~
19. ~~Nurse's Professional Liability~~
20. ~~Optometrist Professional Liability~~

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

THIS MANUAL CONTAINS THE RULES AND RATES
FOR PROFESSIONAL LIABILITY USED BY THE FOLLOWING
BY APPLYING THE FACTORS INDICATED

THE CINCINNATI INSURANCE COMPANY - 1.00
THE CINCINNATI CASUALTY COMPANY - .85
THE CINCINNATI INDEMNITY COMPANY - 1.35

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of Insurance Services Office, Inc., with
its permission.

1. APPLICATION OF THIS DIVISION

A. The rules contained in this subdivision apply to the following liability coverages:

1. Blood Bank Professional Liability
2. Chiropracist / Podiatrist Professional Liability
3. Chiropractor Professional Liability
4. Dentist's Professional Liability
5. Diagnostic Testing Laboratory Professional Liability
6. Emergency Medical Technician Professional Liability
7. Medical Institution Professional Liability
8. Miscellaneous Health Care Professional Liability
9. Nurse's Professional Liability
10. Optometrist Professional Liability
11. Podiatrists Professional Liability
12. Physicians and Surgeons Professional Liability
13. Physiotherapist Professional Liability
14. Prior Acts or Omissions Extension of Coverage
15. Social Services Professional Liability

B. The coverages listed in Item A. above may be written as part of any policy containing property coverage.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL GENERAL RULES

1. ~~APPLICATION OF THIS DIVISION~~ (Cont'd)

- ~~21. Podiatrists Professional Liability~~
- ~~22. Physicians and Surgeons Professional Liability~~
- ~~23. Physiotherapist Professional Liability~~
- ~~24. Printers Errors and Omissions~~
- ~~25. Prior Acts or Omissions Extension of Coverage~~
- ~~26. Real Estate Agents' Errors and Omissions~~
- ~~27. Religious Institutions Wrongful Acts~~
- ~~28. Social Services Professional Liability~~
- ~~29. Teacher's Professional Liability~~
- ~~30. Travel Agents Errors and Omissions~~
- ~~31. Veterinarian~~ Professional Liability

- B.** The coverages listed in Item A. above may be written as part of any policy containing property coverage.

2. REFERRALS TO COMPANY

Refer to the company for:

- A. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification.
- B. Any applicable rating plan modification.

3. EFFECTIVE DATE

The date shown on the bottom of the page is a printing date and not necessarily the effective date. The effective date or distribution date will be announced on the Manual Revision Notice accompanying new or revised pages.

4. POLICY TERM

Policies may be written for a specific period up to five years.

5. PREMIUM COMPUTATION

A. One-year or Fractional Year Policies

- 1. For one-year policies, compute the premium using the rates in effect at policy inception.
- 2. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.

THE CINCINNATI INSURANCE COMPANIES
DIVISION SEVEN
COMMERCIAL LINES
MEDICAL MALPRACTICE LIABILITY MANUAL
GENERAL RULES

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Refer to the company for:

- A. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification.
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DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL GENERAL RULES

5. PREMIUM COMPUTATION (Cont'd)

B. Multi-year Policies

1. For each annual period, compute the premium at inception using the annual rates in effect at that time.
2. Multi-year policies that are to be adjusted at each anniversary should have the Calculation of Premium (Annual Rerating) Endorsement **IA 429** attached. At each anniversary, compute the premium using the rates in effect at each anniversary.
3. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.
4. Prepaid policies should not be written in excess of a one year term except as otherwise indicated.

C. Installment Payments (including Quarterly Installments Option)

1. Refer to Division Nine - Multiple Line Manual for rules governing Installment Payments. This rule will apply to both multiline discounted and nondiscounted policies or monoline policies.
2. The following items apply to policies with Medical Professional Liability:
 - a. There is no interest charge associated with the installment plan.
 - b. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed ~~immediately~~ as a separate transaction.
 - c. For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus \$2 or 1% of the annual premium whichever is less will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus the installment charge and will be due 3, ~~6~~ and 9 months from policy inception, respectively.

6. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

7. ROUNDING RULE

- A. Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill; for example, .1245 = .125.
- B. Round the premium for each coverage and exposure for which a separate premium is calculated to the nearest whole dollar. Round a premium involving \$.50 or over to the next higher whole dollar; for example, \$100.50 = \$101.00 but \$100.49 = \$100.00.

Note: Charge a premium of at least \$1 for each instance where a separate premium is calculated.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

5. PREMIUM COMPUTATION (Cont'd)

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THE CINCINNATI INSURANCE COMPANIES

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8. MINIMUM PREMIUM

Division Minimum Premium

The lowest amount for which the Professional Coverage Part may be written is \$100. This amount is not subject to any adjustment, including increased limits, package modification, expense factor or rate plans. Specific coverage minimum premiums are included within the Division Minimum unless stated otherwise. Specific coverage minimums that exceed the Division Minimum override the Division Minimum.

~~If Animal Grooming Professional Liability, Cosmetologists and Barbers Professional Liability, Cosmetology or Barbering School Professional Liability, Clergy / Counselors Professional Liability or Teachers' Professional Liability is the only Division Seven coverage being written, the Division Minimum Premium is \$50.~~

9. ADDITIONAL PREMIUM CHANGES

- A. Prorate all changes requiring additional premium.
- B. Apply the rates and rules in effect on the effective date of the policy. In computing the additional premium, charge the amount applicable on the effective date of the change even if the policy inception premium was less than the Division Minimum Premium.
- C. Refer to Division Nine - Multiple Line Manual for rules governing waiver of premium. This rule will apply to both multiline discounted and nondiscounted policies or monoline policies.

10. RETURN PREMIUM CHANGES

- A. Deletion of a mandatory coverage is not permitted unless the entire policy is cancelled. See Cancellation Rule.
- B. Compute return premium at the rates used to calculate the policy premium.
- C. Compute return premium pro rata and round to the nearest whole dollar when any change or exposure is deleted or an amount of insurance is reduced.
- D. Refer to Division Nine - Multiple Line Manual for rules governing waiver of premium. This rule will apply to both multiline discounted and nondiscounted policies or monoline policies.
- E. Retain the Division Minimum Premium.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

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DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL GENERAL RULES

11. POLICY CANCELLATIONS

If the policy is canceled, the earned premium shall be calculated on a pro rata basis and rounded to the nearest whole dollar.

12. RATES AND PREMIUM DEVELOPMENT

- A. Rates are shown on the rate pages opposite the identifying code numbers of the classifications. For classifications not subject to premium adjustment on audit, the rates apply per policy year unless otherwise specified in classification footnotes.
- B. Use all bases of premium which are listed next to any particular classification in the Classification portion of this manual.
- C. Every risk whose classifications show the symbol (a) instead of a specific rate or minimum premium and every risk having no specific classification must be referred to the company.

13. INDIVIDUAL RISK SITUATIONS

A. Refer to Company

- 1. For rating or classifying any risk or exposure for which:
 - a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk; or
 - b. The coverage to be written is broader than that contained in the applicable standard coverage part; or
 - c. There is proof that, for a specified professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or
 - d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than \$1,000,000 in excess of a specified retained limit provided that such retained limit is not less than;
 - (1) \$350,000 per claim, as respects those exposures covered by underlying insurance; and
 - (2) \$10,000 per claim, as respects those exposures not covered by underlying insurance; or
 - e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is \$5,000 or more.
 - 2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.
 - 3. Where liability increased limits are provided and the risk is reinsured on a facultative basis.
- The following rating procedure is available for the determination of the applicable premium:

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

11. POLICY CANCELLATIONS

If the policy is canceled, the earned premium shall be calculated on a pro rata basis and rounded to the nearest whole dollar.

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 - b. The coverage to be written is broader than that contained in the applicable standard coverage part; or
 - c. There is proof that, for a specified professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or
 - d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than \$1,000,000 in excess of a specified retained limit provided that such retained limit is not less than;
 - (1) \$350,000 per claim, as respects those exposures covered by underlying insurance; and
 - (2) \$10,000 per claim, as respects those exposures not covered by underlying insurance; or
 - e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is \$5,000 or more.
- 2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.
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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL GENERAL RULES

13. INDIVIDUAL RISK SITUATIONS (Cont'd)

- a. Manual rules and rates shall apply to the portion of the limits of insurance retained by the company.
- b. For limits of insurance obtained by means of facultative reinsurance, the premium shall be the facultative cost for such insurance increased by a charge up to but not exceeding 50%.
- 4. If an aggregate limit of professional liability is adjusted at any time during the policy period.

14. - 15. RESERVED FOR FUTURE USE

16. ADDITIONAL RULES

- A. When Professional Liability Coverage is added to a Homeowners Policy, attach Common Policy Conditions Form **PX 401** in conjunction with the Professional Liability Coverage Form.
- B. Attach Illinois Changes - Cancellation and Nonrenewal **IA 4210 IL** to all professional liability coverage forms issued in Illinois.
- C. Attach ~~Lawyer's Professional Liability Amendatory Endorsement **PA 416 IL** to Lawyer's Professional Liability Coverage Form **PA 105**.~~
- D. ~~Attach Illinois Changes - Condominium or Homeowners Associations Wrongful Acts Endorsement **PA 465 IL** to Condominium or Homeowners Associations Wrongful Acts Coverage Form **PA 110**.~~
- E. ~~Attach Illinois Changes - Religious Institutions Wrongful Acts Endorsement **PA 472 IL** to Religious Institutions Wrongful Acts Coverage Form **PA 112**.~~
- F. ~~Attach Emergency Medical Technician Professional Liability Amendatory Endorsement **CA 424 IL** to Emergency Medical Technician Professional Liability Coverage Form **PA 113**.~~
- G. ~~Attach Illinois Changes - Health Care Facility Professional Liability Coverage Form **PA 4040 IL** to Health Care Facility Professional Liability Coverage Form **PA 126**.~~

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL GENERAL RULES

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- C. Attach Emergency Medical Technician Professional Liability Amendatory Endorsement **GA 424 IL** to Emergency Medical Technician Professional Liability Coverage Form **PA 113**.
- D. Attach Illinois Changes - Health Care Facility Professional Liability Coverage Form **PA 4040 IL** to Health Care Facility Professional Liability Coverage Form **PA 126**.
- E. Attach Illinois Changes - Civil Union Endorsement **IA 4395 IL** to all professional liability coverage forms issued in Illinois.
- E. Attach Illinois Changes - Extended Reporting Periods Endorsement **PA 4179 IL** to Home Health Care Professional Liability Coverage Form - Claims - Made **PA 135**.

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17. - 18. RESERVED FOR FUTURE USE

19. INTERSTATE ACCOUNTS

A. Rules and Rates

The rules and rates for Commercial Professional Liability coverage(s) will use the filed rates for each medical or professional liability exposure(s) in the respective state where the operations are licensed.

B. Forms

1. Professional liability policies providing coverage on locations in more than one state may be written on one policy subject to the basic coverage form(s) filed in the state where the:
 - a. Insured's largest medical or professional liability exposure or headquarters is located; or
 - b. Insurance is negotiated.
2. When applicable, forms recognizing state amendatory changes will be included as required by the coverage(s) afforded for each respective state endorsed.

20. ACORD FORMS

Current supplies of ACORD ~~applications~~, binders and / or certificates may be used for coverages relative to this line of business. Future state revisions will require use of the proper ~~applications~~ on the effective date mandated.

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COMMERCIAL LINES
MEDICAL MALPRACTICE LIABILITY MANUAL
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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

~~1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)~~

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services made against the insured hospital, institution or clinic.

B. Forms

~~PA 114 - Hospital Professional Liability Coverage Form~~

~~PA 514 - Hospital Professional Liability Coverage Part Declarations~~

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

MI-1313 - Hospital Questionnaire

IT-001 - Senior Citizens Long-Term Care Facility Supplemental Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per bed or number of outpatient visits. Per bed is the daily average number of beds, cribs or bassinets occupied during the policy period. Per outpatient visit is the total number of visits made during the policy period by patients who do not receive bed and board service.

Hospitals are subject to additional premium charges for each of their employed staff physicians, surgeons or dentists, other than interns, who do not have their own private practices. Refer to Rule 2. Physicians and Surgeons Professional to classify employed physicians and surgeons. Use .35 of the rate from the appropriate classifications for each employed physician or surgeon to calculate the additional charges.

2. Classifications

Based on the insured's business operation, choose the classification which best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

- a. **Clinics, Dispensaries or Infirmaries - treatment of outpatients only - no regular bed and board facilities.** This classification does not apply to drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science Institutions and not-for-profit dental clinics. Such risks should be submitted to the Home Office.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks should be classified and rated under the For-Profit classification. Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated according to Rule 2. Physicians and Surgeons Professional Liability.

Classification

Code

For-Profit-Per 100 outpatient visits

80613

Not-For-Profit-Per 100 outpatient visits

80614

Osteopathic-Per 100 outpatient visits

84803

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services made against the insured hospital, institution or clinic.

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

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2. Classifications

Based on the insured's business operation, choose the classification which best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

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Classification

Code

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

~~1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)~~ (Cont'd)

- b. **Convalescent or Nursing Homes - not mental-psychopathic institutions.** This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit

Per bed

Skilled Care	30018
Intermediate Care	30019
Assisted Living	30020
Group Homes	30021
Independent Retirement Living	30022
Per 100 outpatient visits	80951

Not-for-Profit

Per bed

Skilled Care	30023
Intermediate Care	30024
Assisted Living	30025
Group Homes	30026
Independent Retirement Living	30027
Per 100 outpatient visits	80952

Skilled Care: Provides nursing care 24 hours per day by licensed nursing professionals. Some specialized equipment used. Most patients are totally dependent on the staff for assistance with Activities of Daily Living (ADL) including feeding, bathing, dressing and mobility. Staff will also administer tube feedings, catheterizations and injections. These facilities are eligible to participate in Medicare and Medicaid programs as nursing facilities.

Intermediate Care: Provides health care services at a more than incidental basis, but at a level below a skilled care facility. Usually do not administer tube feedings, catheterizations or injections. Most patients need assistance with Activities of Daily Living (ADL): dressing, bathing, feeding and mobility, and some assistance with medications. These facilities do not qualify for Medicare or Medicaid Program.

Assisted Living: Provides residents with minimal care by professional staff. Residents are ambulatory with minor exceptions, and need some assistance with Activities of Daily Living (ADL): dressing, bathing and feeding. The facility provides a protective environment involving communal meals and planned programs for their social and spiritual needs. Residents also receive incidental health care services, including assistance with medications.

Group Homes: These facilities provide living accommodations for senior citizens who need some form of structured living. These facilities will be under the direction of a live-in supervisor and may include communal dining, social and spiritual needs. Residents will be ambulatory and not dependent on others for Activities of Daily Living (ADL). Buildings occupied by Senior Citizens without any form of organized group activities and / or without live-in supervisor are not eligible for this classification. This classification is reserved for facilities that provide 15 or fewer beds per group home.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

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For-Profit

Per bed	
Skilled Care	30018
Intermediate Care	30019
Assisted Living	30020
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Independent Retirement Living	30022
Per 100 outpatient visits	80951

Not-for-Profit

Per bed	
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Intermediate Care	30024
Assisted Living	30025
Group Homes	30026
Independent Retirement Living	30027
Per 100 outpatient visits	80952

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

~~1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)~~ (Cont'd)

Independent Retirement Living: Provides for residents who are of retirement age and in general good health. Residents do not receive any health care services, assistance with Activities of Daily Living (ADL) or medications. They occupy apartment / dwelling units that normally include cooking facilities and contain special features for senior citizens, such as panic or help buttons, wider doorways and halls. These facilities may offer voluntary social and spiritual programs, transportation and limited food service. Residents may be required to have a predetermined number of meals per day or per week in the facility's dining area. One or more LPNs may be on premises to answer call buttons.

- c. **Hospices.** This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

For-Profit-per bed	80510
Not-for-Profit-per bed	80512

- d. **Hospitals.** This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities. This is a NOC classification.

For-Profit	
Per bed	80611
Per 100 outpatient visits	80610

Not-for-Profit	
Per bed	80612
Per 100 outpatient visits	80617

Osteopathic	
Per bed	84965
Per 100 outpatient visits	84966

- e. **Mental-Psychopathic Institutions.** This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

For-Profit	
Per bed	80997
Per 100 outpatient visits	80999

Not-for-Profit	
Per bed	80916
Per 100 outpatient visits	80917

- f. **Outpatient Surgical Facilities**

Osteopathic	84453
Not Osteopathic	80453

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

Independent Retirement Living: Provides for residents who are of retirement age and in general good health. Residents do not receive any health care services, assistance with Activities of Daily Living (ADL) or medications. They occupy apartment / dwelling units that normally include cooking facilities and contain special features for senior citizens, such as panic or help buttons, wider doorways and halls. These facilities may offer voluntary social and spiritual programs, transportation and limited food service. Residents may be required to have a predetermined number of meals per day or per week in the facility's dining area. One or more LPNs may be on premises to answer call buttons.

- c. Hospices.** This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

For-Profit-per bed	80510
Not-for-Profit-per bed	80512

- d. Hospitals.** This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities. This is a NOC classification.

For-Profit	
Per bed	80611
Per 100 outpatient visits	80610

Not-for-Profit	
Per bed	80612
Per 100 outpatient visits	80617

Osteopathic	
Per bed	84965
Per 100 outpatient visits	84966

- e. Mental-Psychopathic Institutions.** This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

For-Profit	
Per bed	80997
Per 100 outpatient visits	80999

Not-for-Profit	
Per bed	80916
Per 100 outpatient visits	80917

- f. Outpatient Surgical Facilities**

Osteopathic	84453
Not Osteopathic	80453

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

~~1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)~~ (Cont'd)

- g. Rehabilitation Hospitals.** This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this rule.

For-Profit

Per bed	80516
Per 100 outpatient visits	80517

Not-for-Profit

Per bed	80518
Per 100 outpatient visits	80519

- h. Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions.** This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

For-Profit

Per bed	80925
Per 100 outpatient visits	80953

Not-for-Profit

Per bed	80926
Per 100 outpatient visits	80954

- i. Skilled Nursing Facilities - Short Term.** This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit

Per bed	80522
Per 100 outpatient visits	80523

Not-for-Profit

Per bed	80524
Per 100 outpatient visits	80525

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

- g. Rehabilitation Hospitals.** This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this rule.

For-Profit

Per bed	80516
Per 100 outpatient visits	80517

Not-for-Profit

Per bed	80518
Per 100 outpatient visits	80519

- h. Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions.** This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

For-Profit

Per bed	80925
Per 100 outpatient visits	80953

Not-for-Profit

Per bed	80926
Per 100 outpatient visits	80954

- i. Skilled Nursing Facilities - Short Term.** This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit

Per bed	80522
Per 100 outpatient visits	80523

Not-for-Profit

Per bed	80524
Per 100 outpatient visits	80525

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL LIABILITY MANUAL~~ ~~COVERAGE RULES~~

~~4. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)~~ (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification Code	Rate	Minimum Premium Per Location
30018	351.00	3,510.00
30019	328.00	3,280.00
30020	292.00	2,920.00
30021	211.00	2,110.00
30022	18.00	180.00
30023	317.00	3,170.00
30024	296.00	2,960.00
30025	264.00	2,640.00
30026	190.00	1,900.00
30027	16.00	160.00
80453	(a)	(a)
80510	95.00	950.00
80512	69.00	690.00
80516	190.00	1,900.00
80517	8.00	included in 80516
80518	138.00	1,380.00
80519	8.00	included in 80518
80522	238.00	2,380.00
80523	8.00	included in 80522
80524	172.00	1,720.00
80525	8.00	included in 80524
80610	79.00	included in 80611
80611	1,618.00	16,180.00
80612	2,666.00	26,660.00
80613	(a)	(a)
80614	95.00	1,050.00
80617	114.00	included in 80612
80916	761.00	7,610.00
80917	38.00	included in 80916
80925	799.00	7,990.00
80926	381.00	3,810.00
80951	8.00	included in 30018 - 30022
80952	8.00	included in 30023 - 30027
80953	19.00	included in 80925
80954	19.00	included in 80926
80997	1,143.00	11,430.00
80999	40.00	included in 80997
84453	(a)	(a)
84803	(a)	(a)
84965	2,380.00	23,800.00
84966	95.00	included in 84965

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification Code	Rate	Minimum Premium Per Location
30018	351.00	3,510.00
30019	328.00	3,280.00
30020	292.00	2,920.00
30021	211.00	2,110.00
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30023	317.00	3,170.00
30024	296.00	2,960.00
30025	264.00	2,640.00
30026	190.00	1,900.00
30027	16.00	160.00
80453	(a)	(a)
80510	95.00	950.00
80512	69.00	690.00
80516	190.00	1,900.00
80517	8.00	included in 80516
80518	138.00	1,380.00
80519	8.00	included in 80518
80522	238.00	2,380.00
80523	8.00	included in 80522
80524	172.00	1,720.00
80525	8.00	included in 80524
80610	79.00	included in 80611
80611	1,618.00	16,180.00
80612	2,666.00	26,660.00
80613	(a)	(a)
80614	95.00	1,050.00
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80953	19.00	included in 80925
80954	19.00	included in 80926
80997	1,143.00	11,430.00
80999	40.00	included in 80997
84453	(a)	(a)
84803	(a)	(a)
84965	2,380.00	23,800.00
84966	95.00	included in 84965

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

~~4. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)~~ (Cont'd)

RESERVED

FOR

FUTURE

USE

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

RESERVED

FOR

FUTURE

USE

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

4. Prior Acts Coverage

For Prior Acts Coverage, refer to Rule 50.B. with the following amendments and additions:

The indicated factors are applied to the gross Cincinnati Insurance Companies' occurrence premium, and except for expense modification and the following rate plan, the premium for this coverage is not subject to any further modification or rate plan.

<u>a. Above average staffing for the past three years</u>	<u>.80</u>
<u>b. Below average health and fire deficiencies for the past three years</u>	<u>.80</u>
<u>c. No major health deficiencies for the past three years</u>	<u>.90</u>
<u>d. A documented incident reporting program in place at least three years</u>	<u>.80</u>
<u>e. No paid claims or suits brought in the past five years</u>	<u>.90</u>
<u>f. No known circumstances, acts, errors or omissions that could result in a claim</u>	<u>.90</u>

Failure to meet any of the above criteria may result in declination for Prior Acts Coverage.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN **COMMERCIAL LINES** **MEDICAL MALPRACTICE LIABILITY MANUAL** **COVERAGE RULES**

1. MEDICAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE (Subline Code 215) (Cont'd)

E. Rate Modification Plan

1. General Rules

- a. The rating plans in Rule 51 apply to the extent they are in addition to or not changed by the following rules.**
- b. All credit and debit plans apply to each location / facility individually.**

2. Management Practices Rating Plan

a. Facilities with Skilled Nursing Care

Modifications are based on deficiencies published from annual government survey reports over up to four years immediately preceding the effective date of the current policy term and compared to state averages.

b. Assisted Living Only Facilities

Modifications are based on deficiencies published from annual government survey reports over up to four years immediately preceding the effective date of the current policy term and compared to state skilled nursing care averages.

c. Quality of Care (Health) and Life Safety (Fire) Deficiencies

<u>No years above average*</u>	<u>10% credit</u>
<u>No more than one year above average*</u>	<u>5% credit</u>
<u>Two years above average</u>	<u>5% debit</u>
<u>Over two years above average</u>	<u>15% debit</u>

* No deficiencies with a "level of harm" rating over level 2 (Medicare.gov) or grade J or above (OSCAR). Any risk with deficiencies above these levels may also be declined or nonrenewed.

d. Staffing

For facilities with skilled care, modifications are based on the most recent annual government survey report of nursing staff hours per resident per day.

<u>Total hours 30+ minutes greater than state average</u>	<u>10% credit</u>
<u>Total hours 30+ minutes below state average</u>	<u>10% debit</u>

3. Experience Rating Plan (Refer to the Experience Rating Plan in Rule 51. The following Experience Credit is in addition to and the following Experience Debit replaces that plan. All else remains unchanged.)

a. Experience Credit

<u>0 losses</u>	<u>10% credit</u>
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b. Experience Debit*

<u>1 loss</u>	<u>10% debit</u>
<u>2 losses</u>	<u>20% debit</u>
<u>3+ losses</u>	<u>35% debit</u>

* A chargeable loss is defined as a paid loss or a reserve for a claim which the underwriter deems there is probable negligence involved and a loss payment is likely. Any risk that qualifies for an experience debit may also be declined or nonrenewed.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services.

B. Forms

~~PA 106~~ - Professional Liability Coverage Form

~~PA 506~~ - Professional Liability Coverage Part Declarations

C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

When multiple physicians or surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty. If two or more classifications apply to the same individual, use the highest rated classification. An individual who would normally be assigned to a classification whose code number is followed by an asterisk* or cross-hatch # must be classified under **b.** or **c.** below if they perform any of the procedures listed in **b.** or **c.**

a. Physicians and Surgeons Classifications	M.D. Code	D.O. Code
Aerospace Medicine	80230*#	
Allergy	80254*#	84254*#
Anesthesiology	80151	84151
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	80101	
Cardiovascular Disease-minor surgery	80281*	84281*
Cardiovascular Disease-no surgery	80255*#	84255*#
Dermatology-minor surgery	80282*	84282*
Dermatology-no surgery	80256*#	84256*#
Diabetes-minor surgery	80271*	

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services.

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Part Declarations

C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

When multiple physicians or surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty. If two or more classifications apply to the same individual, use the highest rated classification. An individual who would normally be assigned to a classification whose code number is followed by an asterisk* or cross-hatch # must be classified under **b.** or **c.** below if they perform any of the procedures listed in **b.** or **c.**

a. Physicians and Surgeons Classifications	M.D. Code	D.O. Code
Aerospace Medicine	80230*#	
Allergy	80254*#	84254*#
Anesthesiology	80151	84151
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	80101	
Cardiovascular Disease-minor surgery	80281*	84281*
Cardiovascular Disease-no surgery	80255*#	84255*#
Dermatology-minor surgery	80282*	84282*
Dermatology-no surgery	80256*#	84256*#
Diabetes-minor surgery	80271*	

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Diabetes-no surgery	80237*#	
Emergency Medicine - including major surgery	80157	84157
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery.		
Emergency Medicine-no major surgery	80102	84102
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Endocrinology-minor surgery	80272*	84272*
Endocrinology-no surgery	80238*#	84238*#
Family Physicians or General Practitioners-no surgery	80420	84420
Family Physicians or General Practitioners-minor surgery	80421	84421
Forensic Medicine	80240*#	84240*#
Gastroenterology-minor surgery	80274*	84274*
Gastroenterology-no surgery	80241*#	84241*#
General Preventive Medicine-no surgery	80231*#	
Geriatrics-minor surgery	80276*	84276*
Geriatrics-no surgery	80243*#	84243*#
Gynecology-minor surgery	80277*	84277*
Gynecology-no surgery	80244*#	84244*#
Hematology-minor surgery	80278*	84278*
Hematology-no surgery	80245*#	84245*#
Hypnosis	80232*#	
Infectious Diseases-minor surgery	80279*#	
Infectious Diseases-no surgery	80246*#	
Intensive Care Medicine	80283	84283
This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Diabetes-no surgery	80237*#	
Emergency Medicine - including major surgery	80157	84157
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery.		
Emergency Medicine-no major surgery	80102	84102
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Endocrinology-minor surgery	80272*	84272*
Endocrinology-no surgery	80238*#	84238*#
Family Physicians or General Practitioners-no surgery	80420	84420
Family Physicians or General Practitioners-minor surgery	80421	84421
Forensic Medicine	80240*#	84240*#
Gastroenterology-minor surgery	80274*	84274*
Gastroenterology-no surgery	80241*#	84241*#
General Preventive Medicine-no surgery	80231*#	
Geriatrics-minor surgery	80276*	84276*
Geriatrics-no surgery	80243*#	84243*#
Gynecology-minor surgery	80277*	84277*
Gynecology-no surgery	80244*#	84244*#
Hematology-minor surgery	80278*	84278*
Hematology-no surgery	80245*#	84245*#
Hypnosis	80232*#	
Infectious Diseases-minor surgery	80279*#	
Infectious Diseases-no surgery	80246*#	
Intensive Care Medicine	80283	84283
This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Internal Medicine-minor surgery.....	80284*	84284*
Internal Medicine-no surgery	80257*#	84257*#
Laryngology-minor surgery.....	80285*	
Laryngology-no surgery	80258*#	
Legal Medicine	80240*#	
Manipulator		84801*
Neoplastic Diseases-minor surgery	80286*	
Neoplastic Diseases-no surgery	80259*#	
Nephrology-minor surgery	80287*	
Nephrology-no surgery	80260*#	
Nephrology-including child-minor surgery	80288*	84288*
Neurology-including child-no surgery	80261*#	84261*#
Nuclear Medicine	80262*#	84262*#
Nutrition.....	80248*#	
Occupational Medicine	80233*#	84233*#
Ophthalmology-minor surgery	80289*	84289*
Ophthalmology-no surgery.....	80263*#	84263*#
Otology-minor surgery.....	80290*	
Otology-no surgery	80264*#	
Otorhinolaryngology-minor surgery	80291*#	84291*
Otorhinolaryngology-no surgery	80265*#	84265*#
Pathology-minor surgery.....	80292*	84292*
This classification includes pathological laboratories operated by the insured. Use endorsement PA 494.		
Pathology-no surgery	80266*#	84266*#
This classification includes pathological laboratories operated by the insured. Use endorsement PA 494.		
Pediatrics-minor surgery.....	80293*	84293*
Pediatrics-no surgery.....	80267*#	84267*#

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Internal Medicine-minor surgery.....	80284*	84284*
Internal Medicine-no surgery	80257*#	84257*#
Laryngology-minor surgery.....	80285*	
Laryngology-no surgery	80258*#	
Legal Medicine	80240*#	
Manipulator		84801*
Neoplastic Diseases-minor surgery	80286*	
Neoplastic Diseases-no surgery	80259*#	
Nephrology-minor surgery	80287*	
Nephrology-no surgery	80260*#	
Nephrology-including child-minor surgery	80288*	84288*
Neurology-including child-no surgery	80261*#	84261*#
Nuclear Medicine	80262*#	84262*#
Nutrition.....	80248*#	
Occupational Medicine	80233*#	84233*#
Ophthalmology-minor surgery	80289*	84289*
Ophthalmology-no surgery.....	80263*#	84263*#
Otology-minor surgery.....	80290*	
Otology-no surgery	80264*#	
Otorhinolaryngology-minor surgery	80291*#	84291*
Otorhinolaryngology-no surgery	80265*#	84265*#
Pathology-minor surgery.....	80292*	84292*
<u>Pathology-no surgery</u>	<u>80266*#</u>	<u>84266*#</u>
Pediatrics-minor surgery	80293*	84293*
Pediatrics-no surgery.....	80267*#	84267*#

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Pharmacology-clinical	80234*#	
Physiatry.....	80235*#	
Physical Medicine and Rehabilitation	80235*#	84235*#
Physicians-minor surgery	80294*	
This is an NOC classification.		
Physicians-no surgery	80268*#	84268*#
This is a NOC classification.		
Physicians or Surgeons Assistants	80116*#	84116*#
This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and / or research endeavors of the physician or surgeon.		
Psychiatry-including child.....	80249*#	84249*#
Psychoanalysis.....	80250*#	
Psychosomatic Medicine.....	80251*#	84251*#
Public Health.....	80236*#	
Pulmonary Diseases-no surgery	80269*#	84269*#
Radiology-diagnostic-minor surgery	80280*	84280*
This classification includes X ray laboratories operated by the insured. Use endorsement PA 494.		
Radiology diagnostic no surgery	80253*#	84253*#
This classification includes X ray laboratories operated by the insured. Use endorsement PA 494.		
Rheumatology-no surgery.....	80252*#	84252*#
Rhinology-minor surgery.....	80270*	
Rhinology-no surgery	80247*#	
Scierotherapy.....		84802*
Teaching Physicians-no surgery	80321	
This classification applies to those physicians who would normally be assigned to codes 80230-80269 inclusive.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Pharmacology-clinical	80234*#	
Physiatry.....	80235*#	
Physical Medicine and Rehabilitation	80235*#	84235*#
Physicians-minor surgery	80294*	
This is an NOC classification.		
Physicians-no surgery	80268*#	84268*#
This is a NOC classification.		
Physicians or Surgeons Assistants	80116*#	84116*#
This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and / or research endeavors of the physician or surgeon.		
Psychiatry-including child.....	80249*#	84249*#
Psychoanalysis.....	80250*#	
Psychosomatic Medicine.....	80251*#	84251*#
Public Health	80236*#	
Pulmonary Diseases-no surgery	80269*#	84269*#
Radiology-diagnostic-minor surgery	80280*	84280*
<u>Radiology-diagnostic-no surgery</u>	<u>80253*#</u>	<u>84253*#</u>
Rheumatology-no surgery.....	80252*#	84252*#
Rhinology-minor surgery.....	80270*	
Rhinology-no surgery	80247*#	
Scierotherapy.....		84802*
Teaching Physicians-no surgery	80321	
This classification applies to those physicians who would normally be assigned to codes 80230-80269 inclusive.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Teaching Physicians-minor surgery 80322

This classification applies to those physicians who would normally be assigned to codes 80270-80294.

Teaching Physicians or Surgeons-major surgery 80323

This classification applies to those specialists who would normally be assigned to one of the following codes:

80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Teaching Physicians or Surgeons-major surgery 80324

This classification applies to those specialists who would normally be assigned to code 80145.

Teaching Physicians or Surgeons-major surgery 80325

This classification applies to those specialists who would normally be assigned to one of the following codes:

80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Teaching Physicians or Surgeons-major surgery 80326

This classification applies to those specialists who would normally be assigned to one of the following codes:

80153, 80156, 80167,
80168, 80169, 80170.

Teaching Physicians or Surgeons-major surgery 80327

This classification applies to those specialists who would normally be assigned to one of the following codes:

80144, 80146, 80150,
80152, 80154, 80171.

b. Physicians-No Major Surgery Classifications (For Classifications with an *)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

	M.D. Code	D.O. Code
Acupuncture-other than acupuncture anesthesia	80437	84437
Angiography.....	80422	84422
Arteriography	80422	84422

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Teaching Physicians-minor surgery 80322

This classification applies to those physicians who would normally be assigned to codes 80270-80294.

Teaching Physicians or Surgeons-major surgery 80323

This classification applies to those specialists who would normally be assigned to one of the following codes:

80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Teaching Physicians or Surgeons-major surgery 80324

This classification applies to those specialists who would normally be assigned to code 80145.

Teaching Physicians or Surgeons-major surgery 80325

This classification applies to those specialists who would normally be assigned to one of the following codes:

80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Teaching Physicians or Surgeons-major surgery 80326

This classification applies to those specialists who would normally be assigned to one of the following codes:

80153, 80156, 80167,
80168, 80169, 80170.

Teaching Physicians or Surgeons-major surgery 80327

This classification applies to those specialists who would normally be assigned to one of the following codes:

80144, 80146, 80150,
80152, 80154, 80171.

b. Physicians-No Major Surgery Classifications (For Classifications with an *)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

	M.D. Code	D.O. Code
Acupuncture-other than acupuncture anesthesia	80437	84437
Angiography.....	80422	84422
Arteriography	80422	84422

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Catheterization..... 80422 84422

Arterial, cardiac or diagnostic-other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.

Discograms 80428 84428

Lasers-used in therapy 80425 84425

Lymphangiography 80434 84434

Myelography..... 80428 84428

Phlebography..... 80434 84434

Pneumoencephalography..... 80428 84428

Radiation Therapy 80425 84425

~~This classification includes X ray laboratories operated by the insured. Use endorsement PA 494.~~

Shock Therapy 80431 84431

c. Physicians-No Major Surgery Classifications (For Classifications with a #)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques:

	M.D. Code	D.O. Code
Colonoscopy.....	80443	84443
Endoscopic Retrograde Cholangiopancreatography.....	80443	84433
Laparoscopy (Peritonescopy).....	80440	84440
Needle Biopsy.....	80446	84446

Including lung and prostate, but not including liver, kidney or bone marrow biopsy.

**Pneumatic or mechanical esophageal dilatation
(not bougie or olive)..... ~~80433~~ 84443**

Radiopaque Dye Injections..... 80449 84449

Injection into blood vessels, lymphatics, sinus tracts and fistulae
(Not applicable to Radiologists codes 80280* and 84280*).

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Catheterization..... 80422 84422

Arterial, cardiac or diagnostic-other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.

Discograms 80428 84428

Lasers-used in therapy 80425 84425

Lymphangiography 80434 84434

Myelography..... 80428 84428

Phlebography..... 80434 84434

Pneumoencephalography..... 80428 84428

Radiation Therapy 80425 84425

Shock Therapy 80431 84431

c. Physicians-No Major Surgery Classifications (For Classifications with a #)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques:

	M.D. Code	D.O. Code
Colonoscopy.....	80443	84443

Endoscopic Retrograde Cholangiopancreatography.....	80443	84433
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Laparoscopy (Peritonescopy).....	80440	84440
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Needle Biopsy.....	80446	84446
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Including lung and prostate, but not including liver, kidney or bone marrow biopsy.

Pneumatic or mechanical esophageal dilatation (not bougie or olive).....	80443	84443
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Radiopaque Dye Injections.....	80449	84449
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Injection into blood vessels, lymphatics, sinus tracts and fistulae
(Not applicable to Radiologists codes 80280* and 84280*).

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

d. Surgery Classifications	M.D. Code	D.O. Code
Abdominal	80166	
Cardiac.....	80141	
Cardiovascular disease	80150	84150
Colon and rectal	80115	
Endocrinology.....	80103	
Gastroenterology.....	80104	
General	80143	84143
This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.		
General practice or family practice	80117	
Geriatrics	80105	
Gynecology	80167	84167
Hand.....	80169	
Head and neck	80170	
Laryngology	80106	
Neoplastic.....	80107	
Nephrology.....	80108	
Neurology-including child	80152	84152
Obstetrics	80168	
Obstetrics-gynecology.....	80153	84153
Ophthalmology.....	80114	
Orthopedic.....	80154	84154
Otology	80158	
This classification does not apply to general practitioners or specialists performing plastic surgery.		
Otorhinolaryngology	80159	
This classification does not apply to general practitioners or specialists performing plastic surgery.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

d. Surgery Classifications	M.D. Code	D.O. Code
Abdominal	80166	
Cardiac.....	80141	
Cardiovascular disease	80150	84150
Colon and rectal	80115	
Endocrinology.....	80103	
Gastroenterology.....	80104	
General	80143	84143
This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.		
General practice or family practice	80117	
Geriatrics	80105	
Gynecology	80167	84167
Hand.....	80169	
Head and neck	80170	
Laryngology	80106	
Neoplastic.....	80107	
Nephrology.....	80108	
Neurology-including child	80152	84152
Obstetrics	80168	
Obstetrics-gynecology.....	80153	84153
Ophthalmology.....	80114	
Orthopedic.....	80154	84154
Otology	80158	
This classification does not apply to general practitioners or specialists performing <u>Plastic</u> surgery.		
Otorhinolaryngology	80159	
This classification does not apply to general practitioners or specialists performing <u>Plastic</u> surgery.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Plastic 80156 84156

This is an NOC classification.

Plastic-otorhino-laryngology..... 80155 84155

Rhinology 80160

Thoracic..... 80144 84144

Traumatic..... 80171

Urological 80145 84145

Vascular..... 80146

e. Physicians and Surgeons-In Active US Military Service Classifications

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Physicians-no surgery 80131 84131

Physicians-no major surgery 80172 84172

Physicians-minor surgery 80132 84132

Physicians or Surgeons-major surgery 80172 84172

This classification applies to those specialists who would normally be assigned to one of the following codes:

80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Physicians or Surgeons-major surgery 80173 84173

This classification applies to those specialists who would normally be assigned to the following codes: 80145, 84145.

Physicians or Surgeons-major surgery 80174 84174

This classification applies to those specialists who would normally be assigned to one of the following codes:

80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Physicians or Surgeons-major surgery 80175 84175

This classification applies to those specialists who would normally be assigned to one of the following codes:

80153, 80156, 80167,
80168, 80169, 80170.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Physicians or Surgeons-major surgery 80176 84176

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

Additional charges:

Radiation therapy 80136 84136

Shock therapy 80137 84137

f. Additional charges

These classifications are not designed to be used as governing classifications, except for partnership or corporate liability (codes 80999 and 84999).

The following additional charges apply for all classifications, except classifications in e. above.

~~**Partnership or Corporate Liability 80999 84999**~~

This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a ~~corporation~~ or partnership. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

+Employed Nurse Anesthetist 80452 84452

The manual rate for this classification will be .10 of the rate for Anesthesiology codes 80151 and 84151.

Employed Physicians or Surgeons Assistants 80129 84129

This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.

Employed Physicians or Surgeons 80177 84177

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Physicians or Surgeons-major surgery 80176 84176

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

Additional charges:

Radiation therapy 80136 84136

Shock therapy 80137 84137

f. Additional charges

These classifications are not designed to be used as governing classifications, except for partnership or corporate liability (codes 80999 and 84999).

The following additional charges apply for all classifications, except classifications in e. above.

Business Entity Professional Liability 80999 84999

This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a corporation, limited liability company or partnership. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

+Employed Nurse Anesthetist 80452 84452

The manual rate for this classification will be .10 of the rate for Anesthesiology codes 80151 and 84151.

Employed Physicians or Surgeons Assistants 80129 84129

This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.

Employed Physicians or Surgeons 80177 84177

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

+Employed Technicians-radium, including diagnostic X-ray laboratory or pathological	80148	84148
+Employed Technicians-radiation therapy	80149	84149
+Shock Therapy-by employed physicians or surgeons involved with major surgery	80161	84161
Shock Therapy-by insured physicians or surgeons involved with major surgery	80162	84162
This additional charge applies to each insured physician or surgeon doing shock therapy work.		
+Radiation Therapy-by employed physicians or surgeons involved with major surgery	80163	84163
Radiation Therapy-by insured physicians or surgeons involved with major surgery	80165	84165

This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

+The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It also applies to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

4. Additional Charge - ~~Partnership, association or corporation~~ - M.D. Code 80999/ D.O. Code 84999

When the named insured consists of an individual(s) ~~entity and a partnership, association or corporation (but not a professional corporation)~~, make an additional charge of 20% of the per person rate for each individual comprising the partnership, ~~association or corporation, for the exposure of the partnership~~, association or corporate entity. This charge is **in addition** to the charges below for full coverage.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

+Employed Technicians-radium, including diagnostic X-ray laboratory or pathological	80148	84148
+Employed Technicians-radiation therapy	80149	84149
+Shock Therapy-by employed physicians or surgeons involved with major surgery	80161	84161
Shock Therapy-by insured physicians or surgeons involved with major surgery	80162	84162
This additional charge applies to each insured physician or surgeon doing shock therapy work.		
+Radiation Therapy-by employed physicians or surgeons involved with major surgery	80163	84163
Radiation Therapy-by insured physicians or surgeons involved with major surgery	80165	84165

This additional charge applies to each insured physician or surgeon doing X-ray therapy work.

+The rate for this additional charge classification applies not only to employees of individual insured physicians or surgeons but also to employees of partnerships, limited liability companies, corporations or professional associations practicing medicine. It applies per employee regardless of the number of partners or members. It also applies to such personnel in pathological or X-ray laboratories operated or supervised by the insured.

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

4. **Additional Charge - Business Entity Professional Liability (Coverage B) - M.D. Code 80999/ D.O. Code 84999**

When the named insured consists of an individual(s) and a partnership, limited liability company, association or corporation, make an additional charge of 20% of the per person rate for each individual comprising the partnership, limited liability company, association or corporation for the exposure of the partnership, limited liability company, association or corporate entity. This charge is **in addition** to the charges below for full coverage.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher). If a lower limit is chosen for B, the individual charge(s) must be rated at that limit to derive the charge for Coverage B.

If there is no Business Entity or it is not being insured, add Endorsement PA 320, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement PA 4064, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80101	-	\$12,093.00	80156	84156	\$19,349.00
80102	84102	18,140.00	80157	84157	14,512.00
80103	-	12,093.00	80158	-	12,093.00
80104	-	14,512.00	80159	-	12,093.00
80105	-	12,093.00	80160	-	12,093.00
80106	-	12,093.00	80161	84161	726.00
80107	-	12,093.00	80162	84162	1,210.00
80108	-	12,093.00	80163	84163	908.00
80114	-	7,256.00	80165	84165	3,629.00
80115	-	12,093.00	80166	-	21,768.00
80116	84116	2,419.00	80167	84167	16,930.00
80117	-	14,512.00	80168	-	24,186.00
80129	84129	454.00	80169	-	19,349.00
80131	84131	58.00	80170	-	19,349.00
80132	84132	100.00	80171	-	19,349.00
80136	84136	58.00	80172	84172	231.00
80137	84137	58.00	80173	84173	308.00
80141	-	21,768.00	80174	84174	308.00
80143	84143	19,349.00	80175	84175	385.00
80144	84144	21,768.00	80176	84176	385.00
80145	84145	12,093.00	80177	84177	*
80146	-	21,768.00	80178	84178	**
80148	84148	182.00	80179	84179	(a)
80149	84149	363.00	80230	-	2,903.00
80150	84150	21,768.00	80231	-	3,629.00
80151	84151	12,093.00	80232	-	3,629.00
80152	84152	31,442.00	80233	84233	3,629.00
80153	84153	24,186.00	80234	-	3,629.00
80154	84154	21,768.00	80235	84235	3,629.00
80155	84155	16,930.00	80236	-	3,629.00
			80237	-	3,629.00

*25% of the rate applicable for the self-employed physician or surgeon.

**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80101	-	\$12,093.00	80156	84156	\$19,349.00
80102	84102	18,140.00	80157	84157	14,512.00
80103	-	12,093.00	80158	-	12,093.00
80104	-	14,512.00	80159	-	12,093.00
80105	-	12,093.00	80160	-	12,093.00
80106	-	12,093.00	80161	84161	726.00
80107	-	12,093.00	80162	84162	1,210.00
80108	-	12,093.00	80163	84163	908.00
80114	-	7,256.00	80165	84165	3,629.00
80115	-	12,093.00	80166	-	21,768.00
80116	84116	2,419.00	80167	84167	16,930.00
80117	-	14,512.00	80168	-	24,186.00
80129	84129	454.00	80169	-	19,349.00
80131	84131	58.00	80170	-	19,349.00
80132	84132	100.00	80171	-	19,349.00
80136	84136	58.00	80172	84172	231.00
80137	84137	58.00	80173	84173	308.00
80141	-	21,768.00	80174	84174	308.00
80143	84143	19,349.00	80175	84175	385.00
80144	84144	21,768.00	80176	84176	385.00
80145	84145	12,093.00	80177	84177	*
80146	-	21,768.00	80178	84178	**
80148	84148	182.00	80179	84179	(a)
80149	84149	363.00	80230	-	2,903.00
80150	84150	21,768.00	80231	-	3,629.00
80151	84151	12,093.00	80232	-	3,629.00
80152	84152	31,442.00	80233	84233	3,629.00
80153	84153	24,186.00	80234	-	3,629.00
80154	84154	21,768.00	80235	84235	3,629.00
80155	84155	16,930.00	80236	-	3,629.00
			80237	-	3,629.00

*25% of the rate applicable for the self-employed physician or surgeon.

**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80238	84238	\$3,629.00	80280	84280	\$7,256.00
80240	84240	2,903.00	80281	84281	8,466.00
80241	84241	4,837.00	80282	84282	4,837.00
80243	84243	3,629.00	80283	84283	8,466.00
80244	84244	3,629.00	80284	84284	7,256.00
80245	84245	3,629.00	80285	-	4,837.00
80246	-	4,837.00	80286	-	6,047.00
80247	-	3,629.00	80287	-	6,047.00
80248	-	3,629.00	80288	84288	11,052.00
80249	84249	3,629.00	80289	84289	4,837.00
80250	-	2,903.00	80290	-	4,837.00
80251	84251	2,903.00	80291	84291	4,837.00
80252	84252	3,629.00	80292	84292	4,837.00
80253	84253	4,837.00	80293	84293	7,256.00
80254	84254	2,903.00	80294	-	4,837.00
80255	84255	4,837.00	80321	-	2,721.00
80256	84256	3,629.00	80322	-	4,535.00
80257	84257	4,837.00	80323	-	9,070.00
80258	-	3,629.00	80324	-	9,070.00
80259	-	3,629.00	80325	-	12,698.00
80260	-	3,629.00	80326	-	14,512.00
80261	84261	7,256.00	80327	-	16,325.00
80262	84262	3,629.00	80420	84420	4,837.00
80263	84263	2,903.00	80421	84421	7,256.00
80264	-	3,629.00	80422	84422	7,256.00
80265	84265	3,629.00	80425	84425	7,256.00
80266	84266	3,629.00	80428	84228	7,256.00
80267	84267	4,837.00	80431	84431	7,256.00
80268	84268	3,629.00	80434	84434	7,256.00
80269	84269	4,837.00	80437	84437	7,256.00
80270	-	4,837.00	80440	84440	7,256.00
80271	-	6,047.00	80443	84443	7,256.00
80272	84272	6,047.00	80446	84446	7,256.00
80274	84274	7,256.00	80449	84449	7,256.00
80276	84276	7,256.00	80452	84452	1,210.00
80277	84277	6,047.00	-	84801	2,903.00
80278	84278	6,047.00	-	84802	4,837.00
80279	-	8,466.00			

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80238	84238	\$3,629.00	80280	84280	\$7,256.00
80240	84240	2,903.00	80281	84281	8,466.00
80241	84241	4,837.00	80282	84282	4,837.00
80243	84243	3,629.00	80283	84283	8,466.00
80244	84244	3,629.00	80284	84284	7,256.00
80245	84245	3,629.00	80285	-	4,837.00
80246	-	4,837.00	80286	-	6,047.00
80247	-	3,629.00	80287	-	6,047.00
80248	-	3,629.00	80288	84288	11,052.00
80249	84249	3,629.00	80289	84289	4,837.00
80250	-	2,903.00	80290	-	4,837.00
80251	84251	2,903.00	80291	84291	4,837.00
80252	84252	3,629.00	80292	84292	4,837.00
80253	84253	4,837.00	80293	84293	7,256.00
80254	84254	2,903.00	80294	-	4,837.00
80255	84255	4,837.00	80321	-	2,721.00
80256	84256	3,629.00	80322	-	4,535.00
80257	84257	4,837.00	80323	-	9,070.00
80258	-	3,629.00	80324	-	9,070.00
80259	-	3,629.00	80325	-	12,698.00
80260	-	3,629.00	80326	-	14,512.00
80261	84261	7,256.00	80327	-	16,325.00
80262	84262	3,629.00	80420	84420	4,837.00
80263	84263	2,903.00	80421	84421	7,256.00
80264	-	3,629.00	80422	84422	7,256.00
80265	84265	3,629.00	80425	84425	7,256.00
80266	84266	3,629.00	80428	84228	7,256.00
80267	84267	4,837.00	80431	84431	7,256.00
80268	84268	3,629.00	80434	84434	7,256.00
80269	84269	4,837.00	80437	84437	7,256.00
80270	-	4,837.00	80440	84440	7,256.00
80271	-	6,047.00	80443	84443	7,256.00
80272	84272	6,047.00	80446	84446	7,256.00
80274	84274	7,256.00	80449	84449	7,256.00
80276	84276	7,256.00	80452	84452	1,210.00
80277	84277	6,047.00	-	84801	2,903.00
80278	84278	6,047.00	-	84802	4,837.00
80279	-	8,466.00			

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

~~2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)~~

~~E. Resident - Intern - Fellow Coverage~~

~~This coverage is provided for physicians in training. Use endorsement PA 404. The rate is that available to a Physician / Surgeon.~~

~~F. Professional Associations or Corporations~~

~~Use endorsement PA 495 for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.~~

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS

A. Medical and Surgical Specialties

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (that is, disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esophagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (for example, thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine.)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS

A. Medical and Surgical Specialties

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Geriatrics

The branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.

Gynecology

The branch of medicine that deals with the functions and diseases peculiar to women.

Hematology

The branch of medicine that deals with the blood and its diseases.

Hypnosis

A trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.

Infectious Diseases

Any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.

Internal Medicine

The branch of medicine that is concerned with diseases of the internal organs.

Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the

alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

~~Neoplastic~~ Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

Nutrition

The branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which food is assimilated.

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

The branch of medicine that deals with treatment of work related illnesses and injuries.

Ophthalmology

The branch of medicine that deals with the structure, functions and diseases of the eye.

Otology

The branch of medicine that deals with the ear

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

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Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the

alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

NeoPlastic Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Otorhinolaryngology

The branch of medicine that treats the ear, nose and throat.

Pathology

The branch of medicine that deals with the origin, nature, causes and development of diseases.

Pediatrics

The branch of medicine that deals with the diseases and hygienic care of children.

Pharmacology, Clinical

The branch of medicine concerned with the nature, preparation, administration and effects of drugs.

Physiatry

The practice of Physical Medicine.

Physical Medicine

A consultative diagnostic, and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity, and exercises) occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.

Psychiatry

The branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.

Psychoanalysis

A system used in the investigation of the human mind and the treatment of mental disorders.

Psychosomatic Medicine

The branch of medicine that investigates the reciprocal influences of body

and mind in the cause, prevention, treatment and cure of disease.

Public Health

The branch of medicine that deals with the protection and improvement of community health by organized community effort and including Preventive Medicine and Sanitary and Social Science.

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

The branch of medicine that relates to radiant energy and its application especially in the diagnosis and treatment of disease.

Rheumatology

The branch of medicine that treats rheumatism, a disease marked by inflammation of the connective tissue structures of the body, especially the muscles and joints.

Rhinology

The branch of medicine that relates to the nose and its diseases.

Roentgenology

(See Radiology)

Sclerosant

A medicinal substance which induces inflammation in a tissue and subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.

Sclerotherapy

The use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

The branch of surgery concerned with the preservation and restoration of the function of the skeletal system.

Surgery, Plastic

Surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

Surgery pertaining to the urinary tract of both male and female, and with the genital organs of the male.

Surgery, Vascular

Surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.

B. Medical and Surgical Procedures

Acupuncture

Puncture of the skin with long, fine needles for relief of pain.

Angiography

The injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiologic study of the vessel or its branches.

Arteriography

X-ray studies of arterial circulation following injection of radiopaque material into the blood stream.

Catheterization, Cardiac

Passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).

Catheterization

The employment or passage of a catheter.

Cryosurgery

Surgery in which extreme cold chilling (as by use of liquid nitrogen or carbon dioxide) produces the desired dissection.

Discograms

A radiological film of an intervertebral disk.

Endoscopy

The inspection of cavities of the body by use of the endoscope.

Laparoscopy (Peritoneoscopy)

A method of examining the peritoneal cavity by means of a peritoneoscope.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Lasers

An operating assembly used to emit a powerful, highly directional and coherent (nonspreading), monochromatic beam of light which has been used as a surgical tool and in research.

Lymphangiography

Radiological visualization of lymphatic vessels (absorbent vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of a contrast medium.

Major Surgery

Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and ~~plastic~~ surgery.

Minor Surgery

A surgical procedure of slight extent and not hazardous to life.

Myelography

Radiological visualization of the spinal cord after injection of a contrast medium.

Needle Biopsy

A biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.

Radiation Therapy

The treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.

Radiopaque

Not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media" are introduced to parts of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

Shock Therapy

The treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

C. Definitions

1. D.O. means Doctor of Osteopathy.
2. For-Profit Hospital, Institution or Clinic means one which is neither a Governmental Hospital, Institution or Clinic, nor a Not-For-Profit Hospital, Institution or Clinic as defined in this rule.
3. Major Surgery means:
 - a. Performing major surgery; or
 - b. Assisting in major surgery on patients other than the insured's.

Tonsillectomies, adenoidectomies and cesarean sections are major surgery.
4. M.D. means Medical Doctor.
5. Minor Surgery means:
 - a. Performing minor surgery (including obstetrical procedures which are not major surgery); or
 - b. Assisting in major surgery on the insured's patients.
6. No Surgery means neither performing surgery or obstetrical procedures nor assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical incision are not surgery.
7. Not-For-Profit Hospital, Institution or Clinic means one which is not operated by a governmental unit and the net earnings of which do not inure to the benefit of any private individual.
8. Teaching Physician or Surgeon means one who teaches on a full-time basis and has no private practice.

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional dental services.

B. Forms

PA 128 - Dentist's Professional Liability Occurrence Coverage Form

PA 526 - Dentist's Professional Liability Coverage Part Declarations (Occurrence)

C. Application (A separate application is to be completed by each dentist)

PA-007 - Dentist's Professional Liability Application for new business

PA-435 - Dentist's Professional Renewal Questionnaire for renewal business

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

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PA 526 or **PA 531 (e-CLAS®)** - Dentist's Professional Liability Coverage Part Declarations (Occurrence)

PA 322 - Exclusion - General Anesthesia must be attached to all policies covering Dentist's Professional Liability, unless the insured dentist is rated as a class 3 which contemplates coverage for this exposure.

PA 323 - Exclusion - Cosmetic Dermal Procedures must be attached to all policies covering Dentist's Professional Liability.

C. Application (A separate application is to be completed by each dentist)

PA-007 or **PA 017 (e-CLAS®)** - Dentist's Professional Liability Application for new business

PA-435 - Dentist's Professional Renewal Questionnaire for renewal business

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each dentist.

2. Classifications

Refer the following classification to the Home Office for approval:

Class 3 Dentist

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); Class 2A (Professional Liability Class 80229); Class 2B (Professional Liability Class 30028); and Class 3 (Professional Liability Class 80210). Corporation, Limited Liability Company or Partnership (Professional Liability Class 80239) is included if applicable.

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Extraction of Erupted Third Molars	1	In the Office: Local N ₂ O Oral Administered by other than an insured or insured's employee. General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only	2	Conscious IV
Implants / Surgical	2A	CONSCIOUS IM
Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony	2B	Conscious IM
Oral and Maxillofacial Surgeon	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each dentist.

2. Classifications

Refer the following classification to the Home Office for approval:

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Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical <u>Dental Pathologist</u>	1	In the Office: Local N ₂ O Oral Administered by other than an insured or insured's <u>employee and only in a hospital:</u> General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only <u>Extraction of Erupted Third Molars</u> <u>Dentist's-(non-endodontists) performing</u> <u>root canals on multi-rooted teeth</u>	2	<u>Conscious IV</u>
<u>Implants / Surgical</u>	2A	<u>Conscious IM</u>
Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony	2B	
Oral and Maxillofacial Surgeon	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit - Coverage A.
\$ 5,000 Any One Person - Coverage B. First Aid Payments
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$1,111	1,687	3,354	2,277	8,066

Territory (002) - Remainder of State

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$790	1,211	2,403	1,635	5,662

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are \$1,000,000 Each Dental Incident / \$3,000,000 Aggregate;
3. Premium is \$25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule 50.

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides \$50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach Form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides \$25,000/\$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach Form **PA 205**. No premium charge.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit - Coverage A.
\$ 5,000 Any One Person - Coverage B. First Aid Payments
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$1,111	1,687	3,354	2,277	8,066

Territory (002) - DuPage, Kane, Lake, Will Counties

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$790	1,211	2,403	1,635	5,662

Territory (003) - Remainder of State

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$790	1,211	2,403	1,635	5,662

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are \$1,000,000 Each Dental Incident / \$3,000,000 Aggregate;
3. Premium is \$25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** or **PA 531 (e-CLAS[®])** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule 50.

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides \$50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach Form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides \$25,000/\$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach Form **PA 205**. No premium charge.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Locum Tenens (Temporary Substitute) Coverage. Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach Form **PA 204**. No premium charge. Application ~~PA-007~~ is required.

~~I-~~ ~~Rate Modification Plan~~

1. General Rules

- All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
- All credits and debits apply to each dentist individually.
- The credits and debits provided by these plans shall be taken one after the other and not added together.
- The total credits for all Rating ~~Plans~~ combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

2. Recent Graduate Rating Plan:

Credit

First year dentist	60% credit
Second year dentist	40% credit
Third year dentist	20% credit

The first year begins on the date the dentist receives the first state or regional board certification.

3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less than 45 days but no more than 180 days.

5. Association Rating Plan:

- Member of a local, state, or national dental association 5% **credit**
- Member of the Chicago Dental Society 5% **credit**

6. Practice Rating Plan:

- Endodontic work by any classification other than Endodontic specialist:

- Treatment of single-rooted teeth 10% **debit**
- Treatment of multi-rooted teeth 25% **debit**

If both, only apply the debit associated with Treatment of multi-rooted teeth.

- Extraction of:

- Erupted third molars 15% **debit**
- Impacted third molars - soft tissue or partial bony only 25% **debit**

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

These debits do not apply to Class 2B dentists.

- If not doing oral cancer examinations: ~~45% debit~~

7. Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy ~~period, and three years since the insured has had an experience debit.~~

~~a. Experience Credit:~~

~~The dentist must be insured with The Cincinnati Insurance Companies entirely during the experience period.~~

~~0 losses~~

~~25% credit~~

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Multi-Jurisdiction Endorsement This endorsement allows a dentist who practices in more than one state, where one of those states may have a Patients Compensation Fund (PCF) or similar limit on their liability which in turn limits the amount of professional liability insurance they are required to carry. This endorsement may be desired by such insureds, as claims arising from other jurisdictions would not be subject to the PCF, and thus they may want to purchase a higher limit of insurance for such claims than they purchase for their practice in the state with the PCF or similar limit on their liability. The premium for this endorsement would be based on our filed rates for Dentist's Professional Liability in the states in question. The premium for the non-PCF state with the higher limit of insurance would be offset by the premium paid in the PCF state. Attach Form PA 4111.
4. Locum Tenens (Temporary Substitute) Coverage. Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach Form PA 204. No premium charge. Application PA-007 or PA 017 (e-CLAS[®]) is required.
5. Botulinum Toxin or Dermal fillers Coverage. Attach Form PA 216. See **I. Rate Modification Plan, 6. Practice Rating Plan, f.** for rates.
 - Provide a copy of the insured's completion certificate for botulinum toxin or dermal fillers training course.
 - Provide a copy of the informed patient consent form the dentist uses prior to performing procedures.
 - Confirm that your client verified with their state dental board that these services are within the scope of a dentist's license.

I. Rate Modification Plan

1. General Rules

- a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
- b. All credits and debits apply to each dentist individually.
- c. The credits and debits provided by these plans shall be taken one after the other and not added together.
- d. The total credits for all Rating plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

2. Recent Graduate Rating Plan:

First year dentist	60% credit
Second year dentist	40% credit
Third year dentist	20% credit

The first year begins on the date the dentist receives the first state or regional board certification.

3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less than 45 days but no more than 180 days.

5. Association Rating Plan:

- | | |
|---|------------------|
| a. Member of a local, state, or national dental association | 5% credit |
| b. Member of the Chicago Dental Society | 5% credit |

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

~~b. Experience Debits:~~

1 loss	45% debit
2 losses	50% debit
3 losses	100% debit

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an experience debit may also be declined or non-renewed.

8. Expense Considerations

The experience and practice rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

B. Forms

~~PA 114 - Hospital Professional Liability Coverage Form~~

~~PA 514 - Hospital Professional Liability Coverage Part Declarations~~

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each donation.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Blood Bank (Each Donation)	80992	\$.29

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

MEDICAL MALPRACTICE LIABILITY MANUAL

COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

6. Practice Rating Plan:

- a. Endodontic work by any classification other than Endodontic specialist:

- Treatment of single-rooted teeth 10% **debit**
- Treatment of multi-rooted teeth 25% **debit**

If both, only apply the debit associated with Treatment of multi-rooted teeth.

- b. Extraction of:

- Erupted third molars 15% **debit**
- Impacted third molars - soft tissue or partial bony only 25% **debit**

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

These debits do not apply to Class 2B dentists.

- c. If not doing oral cancer examinations: 15% **debit**

- d. Mini, Immediate Load or micro implants or Temporary Anchorage Devices (TAD) (if not rated as a Class 2A) 15% **debit**

- e. Administering IV Sedation \$500 **flat**

- f. Administering botulinum toxins, onabotulinumtoxinA, onabotulinumtoxinB, or dermal fillers \$275 charge at \$100,000/\$300,000 limits (higher limits subject to increase limit factors)

7. Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period.

- a. Experience Credit:

Dentists eligible for the Recent Graduate Rating Plan are not eligible for an Experience Rating Plan credit.

0 losses 25% **credit**

- b. Experience Debits:

1 loss:

paid or reserve ≤ \$5,000 15% **debit**

paid or reserve > \$5,000 25% **debit**

2 losses 100% **debit**

3 losses 300% **debit**

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an experience debit may also be declined or non-renewed.

8. Expense Considerations

The experience and practice rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 4051 - Blood Bank Professional Liability Endorsement

C. Application

Refer to Home Office.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropodist or podiatrist.

B. Forms

~~PA 106~~ - Professional Liability Coverage Form

~~PA 506~~ - Professional Liability Coverage Part Declarations

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each chiropodist and podiatrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Chiropodist / Podiatrist - NOC	80993	\$3,093.00
Chiropodist / Podiatrist in Active United States Military Service	80935	\$ 138.00
Chiropodist / Podiatrist employed full time by the Federal Government	80936	\$ 208.00

3. Additional Charges

a. Vicarious Liability / Chiropodist / Podiatrist 80943 \$1,288.00

This charge applies to those chiropodists / podiatrists not insured under the named insured's policy (that is, having their professional liability coverage with another carrier or under a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80993, 80935 or 80936 and obtain ~~application~~ **LC-1070** for that individual.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

MEDICAL MALPRACTICE LIABILITY MANUAL

COVERAGE RULES

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each donation.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Blood Bank (Each Donation)	80992	\$.29

6. CHIROPDIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropodist or podiatrist.

B. Forms

PA 106 - [Medical Arts Practitioner Professional Liability Coverage Form](#)

PA 506 - [Medical Arts Practitioner Professional Liability Coverage Part Declarations](#)

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each chiropodist and podiatrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Chiropodist / Podiatrist - NOC	80993	\$3,093.00
Chiropodist / Podiatrist in Active United States Military Service	80935	\$ 138.00
Chiropodist / Podiatrist employed full time by the Federal Government	80936	\$ 208.00

3. Additional Charges

a. Vicarious Liability / Chiropodist / Podiatrist	80943	\$1,288.00
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This charge applies to those chiropodists / podiatrists not insured under the named insured's policy (that is, having their professional liability coverage with another carrier or under a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80993, 80935 or 80936 and obtain [Application LC-1070](#) for that individual.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

b. ~~Partnership, association or corporation charge~~ - Code 80950

When the named insured consists of an individual(s) ~~entity and a partnership, association or corporation (except a professional corporation), make an additional charge of \$1,029.00 for the exposure of the partnership, association or corporate entity.~~ This charge is in addition to the charge made for codes 80993/80935/80936/80943.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

~~E. Professional Corporations~~

~~Use endorsement PA 495 for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.~~

~~F. Refer to Home Office:~~

D.P.M.'s that:

1. Perform surgery (removal of warts, corns, ingrown toenails and bunions are not considered surgery);
2. Use general anesthesia; or
3. Perform treatment for anything other than minor foot ailments.

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropractor.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each chiropractor.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule **52**.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

b. Business Entity Professional Liability (Coverage B) - Code 80950

When the named insured consists of an individual(s) and a partnership, limited liability company, association or corporation, make an additional charge of \$xxx xx for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for codes 80993/80935/80936/80943.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in **2.** above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement PA 320, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement PA 4064, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

E. Refer to Home Office:

D.P.M.'s that:

1. Perform surgery (removal of warts, corns, ingrown toenails and bunions are not considered surgery);
2. Use general anesthesia; or
3. Perform treatment for anything other than minor foot ailments.

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropractor.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each chiropractor.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule **52**.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Chiropractor	80410	\$1,451.00
3. Additional Charges		
a. Vicarious Liability / Chiropractor	80411	\$363.00
This charge applies to those chiropractors not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80410 and obtain an application for that individual.		
b. Partnership, association or corporation charge - Code 80412		
When the named insured consists of an individual(s) entity and a partnership, association or corporation (except a professional corporation), make an additional charge of \$200.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80410/80411.		
For example: Named insured of Joe Smith and Smith Professional, Inc.		
Charge full rate for code in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.		

~~E. Professional Corporations~~

~~Use endorsement PA 405 for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.~~

~~8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220)~~

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services as a medical or X-ray ~~laboratory~~.

~~B. Forms~~

~~PA 114 Hospital Professional Liability Coverage Form~~

~~PA 514 Hospital Professional Liability Coverage Part Declarations~~

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis. The basis used is per \$1,000 of receipts.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Chiropractor	80410	\$1,451.00
3. Additional Charges		
a. Vicarious Liability / Chiropractor	80411	\$363.00
<p>This charge applies to those chiropractors not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80410 and obtain an application for that individual.</p>		
b. <u>Business Entity Professional Liability (Coverage B) - Code 80412</u>		
<p>When the named insured consists of an individual(s) <u>and a partnership, limited liability company, association or corporation, make an additional charge of \$xxx.xx for the exposure of the partnership, limited liability company, association or corporate entity.</u> This charge is in addition to the charge made for codes 80410/80411.</p>		
<p>For example: Named <u>insured</u> of Joe Smith and Smith Professional, Inc.</p>		
<p>Charge full rate for <u>codes</u> in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.</p>		
<p><u>The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).</u></p>		
<p><u>If there is no Business Entity or it is not being insured, add Endorsement PA 320, Exclusion - Business Entity Professional Liability Coverage (Coverage B).</u></p>		
<p><u>If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement PA 4064, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.</u></p>		

8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services as a medical or X-ray laboratory (i.e., a Diagnostic Testing Laboratory).

B. Forms

PA 114 - Medical Institution Professional Liability Coverage Form

PA 514 - Medical Institution Professional Liability Coverage Part Declarations

PA 4054 - Diagnostic Testing Laboratory Professional Liability Endorsement

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis. The basis used is per \$1,000 of receipts.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

~~8. MEDICAL OR X-RAY~~ LABORATORY PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Medical or X-ray Laboratories	80715	\$4.65 per \$1,000 of receipts

E. This coverage is available to all medical or X-ray laboratories operated by:

1. Corporate interests; or
2. Persons who are not physicians.

This coverage is **not** available to the following types of laboratories:

1. Those operated at or away from hospitals by physician pathologists or physician radiologists;
2. Those operated by physicians or surgeons in connection with the treatment of their own patients; or
3. Those operated by osteopaths.

Classify and rate the above risks from Rule 2. Physicians and Surgeons Professional Liability.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an optometrist.

B. Forms

~~PA 106 - Professional Liability Coverage Form~~

~~PA 506 - Professional Liability Coverage Form Declarations~~

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES MEDICAL MALPRACTICE LIABILITY MANUAL COVERAGE RULES

8. DIAGNOSTIC TESTING LABORATORY PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Medical or X-ray Laboratories	80715	\$4.65 per \$1,000 of receipts

E. This coverage is available to all medical or X-ray laboratories operated by:

1. Corporate interests; or
2. Persons who are not physicians.

This coverage is **not** available to the following types of laboratories:

1. Those operated at or away from hospitals by physician pathologists or physician radiologists;
2. Those operated by physicians or surgeons in connection with the treatment of their own patients;
or
3. Those operated by osteopaths.

Classify and rate the above risks from Rule 2. Physicians and Surgeons Professional Liability.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an optometrist.

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Form Declarations

PA 321 - Optometrists Amendatory Endorsement

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL~~ LIABILITY MANUAL COVERAGE RULES

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Optometrist NOC	80994	\$145.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	80946	\$169.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	80947	\$315.00
Optician - Refer to Rule 30.		

3. Additional Charges

- a. Vicarious Liability / Optometrist 80944 \$ 48.00

This charge applies to those optometrists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80994, 80946 or 80947 and obtain ~~application CA-1038~~ for that individual.

- ~~b. Partnership, association or corporation charge~~ - Code 80956

When the named insured consists of an individual(s) ~~entity and a partnership, association or corporation (except a professional corporation)~~, make an additional charge for the exposure of the partnership, association or corporate entity as follows:

Optometrist NOC	\$19.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	\$19.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	\$39.00

This charge is in addition to the charge made for codes 80994/80946/80947/80944.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

~~E. Professional Corporations~~

~~Use endorsement PA-495 for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.~~

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a physiotherapist (physical therapist).

B. Forms

~~PA 106 - Professional Liability Coverage Form~~

~~PA 506 - Professional Liability Coverage Form Declarations~~

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9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Optometrist NOC	80994	\$145.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	80946	\$169.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	80947	\$315.00
Optician - Refer to Rule 30.		

3. Additional Charges

- a. Vicarious Liability / Optometrist 80944 \$ 48.00

This charge applies to those optometrists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80994, 80946 or 80947 and obtain Application CA-1038 for that individual.

- b. Business Entity Professional Liability (Coverage B) - Code 80956

When the named insured consists of an individual(s) and a partnership, limited liability company, association or corporation, make an additional charge for the exposure of the partnership, limited liability company, association or corporate entity as follows:

Optometrist NOC	\$19.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	\$19.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	\$39.00

This charge is in addition to the charge made for codes 80994/80946/80947/80944.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e. the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement PA 320, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement PA 4064, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a physiotherapist (physical therapist).

B. Forms

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form

PA 506 - Medical Arts Practitioner Professional Liability Coverage Form Declarations

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~~Use Endorsement PA 495 for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.~~

~~11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317)~~~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a veterinarian.~~

~~B. Forms~~

~~PA 107 Animal Services Professional Liability Coverage Form~~

~~PA 507 Animal Services Professional Liability Coverage Form Declarations~~

~~PA 208 State Board of Veterinary Medical Examiners (SDVME) Supplementary Payments Coverage. Coverage provides up to \$10,000 for each annual period for an insured who becomes the subject of a State Board of Veterinary Medical Examiners, or a similar state regulatory board, investigation. No premium charge.~~

~~C. Application~~

~~CA 1038 Professional Liability Application (Miscellaneous Professional)~~

~~D. Rates / Premium Determination~~~~1. Premium Basis~~

~~Rates and premium are based on each veterinarian.~~

~~2. Rates~~

~~Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

Classification	Code	Rate
Veterinarian (household pets only)	07225	\$170.00
Veterinarian (all other including household pets)	07226	\$195.00

~~3. Additional Charges~~

~~a. Vicarious Liability / Veterinarian 07224 \$ 55.00~~

~~This charge applies to those veterinarians not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 07225 or 07226 and obtain Application CA 1038 for that individual.~~

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~~When the named insured consists of an individual(s) entity and a partnership, association or corporation, make an additional charge of \$40.00 for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for codes 07225/07226/07224.~~

~~Example:~~ Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

~~E. Deductible~~

~~The rates contemplate no deductible. For the following optional deductible, multiply the basic rates shown in D. by deductible rate factor:~~

~~Deductible Amount
\$25~~

~~Deductible Rate Factor
.95~~

~~12. 19. RESERVED FOR FUTURE USE~~~~20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 308)~~~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an animal groomer.~~

~~B. Forms~~

~~PA 107 Animal Services Professional Liability Coverage Form~~

~~PA 507 Animal Services Professional Liability Coverage Form Declarations~~

~~C. Application~~

~~GA 1038 Professional Liability Application (Miscellaneous Professional)~~

~~D. Rates / Premium Determination~~~~1. Premium Basis~~

~~Rates and premium are based on each animal groomer.~~

~~2. Rates~~

~~Rates for Basic Limits: \$100,000 Each Claim Limit
\$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

Classification	Code	Rate
Each Animal Groomer	20040	\$64.00

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26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a certified or registered emergency medical technician.

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part
Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. The rates and premium are based on each EMT.

2. Classifications

- a. EMT means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and / or the Interagency Committee on Emergency Services of the Federal Government.
- b. EMT-D means any person who has successfully completed a basic Emergency Medical Technician course as described in a. above and has also obtained the additional certification for use of a defibrillator.
- c. EMT - Advanced means any person who has successfully completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
- d. EMT - Paramedic means any person who has successfully completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.

3. Rates

Rates for Basic Limits: \$100,000 Each Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
EMT	30010	\$56.00
EMT-D	30011	56.00
EMT - Advanced	30012	66.00
EMT - Paramedic	30013	75.00

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~~20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)~~

~~3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.~~

~~4. Additional charge Partnership, association or corporation Code 20044~~

~~When the named insured consists of an individual(s) entity and a partnership, association or corporation, make an additional charge of 20% of the animal groomer professional premium for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for code 20040.~~

~~For example: Named insured of Joe Smith and Smith Professional, Inc.~~

~~Charge full rate for code in 2. above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.~~

~~E. Deductible~~

~~The rates contemplate no deductible. For the following optional deductible, multiply the basic rate shown in D. by deductible rate factor:~~

Deductible Amount	Deductible Rate Factor
\$25	.95

~~21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against claims arising out of wrongful acts committed by the insured in the conduct of their management responsibilities for condominium or homeowners associations. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.~~

~~B. Forms~~

~~PA 110 Condominium or Homeowners Associations Wrongful Acts Coverage Form~~

~~PA 510 Condominium or Homeowners Associations Wrongful Acts Coverage Part
Declarations~~

~~C. Application~~

~~MP 1056 Condominium or Homeowners Associations Wrongful Acts Coverage
Questionnaire~~

~~D. Rate / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based on total number of units in each condominium association (class code 20150) or homeowner association (class code 20155).~~

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~~21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 308) (Cont'd)~~

~~2. Rates~~

Number of units	Limits of Insurance Each Claim Limit / Aggregate Limit			
	400/300	200/600	500/500	1M/1M
Rate				
1- 4	\$ 115	\$ 134	\$ 130	\$ 154
5- 10	165	188	190	224
11- 30	206	235	240	276
31- 50	235	268	284	345
51- 100	349	399	422	467
101- 200	604	688	730	800
201- 400	907	1,033	1,096	1,245
401- 500	1,134	1,292	1,374	1,549
501- 750+	2,013	2,293	2,433	2,695

~~For increased limits:~~

- ~~a. Determine appropriate 1M/1M premium;~~
- ~~b. Obtain the increased limits factor for the limit desired:~~

2M/2M	1.20
3M/3M	1.40
4M/4M	1.60
5M/5M	1.75
- ~~c. Multiply the 1M/1M premium by the increased limits factor and round to the nearest whole dollar to arrive at the premium for the higher limit.~~

~~22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a licensed cosmetologist or barber.~~

~~B. Forms~~

~~PA 100 Cosmetologists and Barbers Professional Liability Coverage Form~~

~~PA 500 Cosmetologists and Barbers Professional Liability Coverage Form
Declarations~~

~~C. Application~~

~~PA 003 Cosmetologists and Barbers Professional Liability Supplemental Application~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based on each cosmetologist.~~

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services.

B. Forms

PA 101 - Nurse's Professional Liability Coverage Form (used to provide coverage on a monoline basis)

PA 102 - Nurse's Professional Liability Policy (Declarations Page)

PA 122 - Nurse's Professional Liability Coverage Form (used to provide coverage when attached to a policy with other property and casualty coverages)

PA 522 - Nurse's Professional Liability Coverage Part Declarations

PA 324 - Exclusion - Cosmetic Dermal Procedures must be attached to all policies covering Nurse's Professional Liability.

PA 106 - Medical Arts Practitioner Professional Liability Coverage Form (used to provide coverage for all other medical professions other than nurses and dentists)

PA 506 - Medical Arts Practitioner Professional Liability Coverage Declarations

C. Applications

PP-001 - Nurse's Professional Liability Application for nurses

CA-1038 - Professional Liability Application (Miscellaneous Professional) for all other professions

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~~22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)~~

~~2. Rates~~

~~Rates for Basic Limits: \$100,000 Each Professional Incident Limit
\$300,000 Professional Liability Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

	Code	Cosmetologist	Code	Barber
Each Full Time Person	72310	\$25.00	72410	\$12.50
Each Part Time Person	22310	\$15.00	22410	\$ 7.50

~~A full time cosmetologist or barber is a person who regularly works more than 20 hours in any one week.~~

~~A part time cosmetologist or barber is a person who regularly works 20 hours or less in any one week.~~

~~3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.~~

~~4. For cosmetologists or barbers a three year prepaid option is available. A factor of 2.5 shall apply to the rate or minimum annual premium developed as indicated in rules 2. and 3. above.~~

~~E. Optional Coverage~~

~~Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of \$25.00 for each cosmetologist (full or part time) providing this service. Attach form PA 207. (Class code 22000)~~

~~23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 390)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services from the operation of a school of cosmetology and / or barbering.~~

~~B. Forms~~

~~PA 132 Cosmetology or Barbering School Professional Liability Coverage Form~~

~~PA 529 Cosmetology or Barbering School Professional Liability Coverage Form
Declarations~~

~~C. Application~~

~~PA 010 Cosmetology or Barbering School Professional Liability Supplemental
Application~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based on each person actually engaged in instruction and the average daily attendance of students at all locations covered and shall include all individuals, officers, partners, directors, and other employees.~~

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

D. Rates / Premium Determination

1. Premium Basis. Rate and premium are based on each individual professional.

2. Rates

Rates for Basic Limits:

\$100,000 Each Medical Incident Limit

\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Subline / Code	Annual	3 year prepaid
Hygienist / Dental Assistant	240/81910	\$ 71.00	\$ 178.00
Nurse - LPN	240/80963	\$ 66.00	\$ 165.00
Nurse - RN	240/80964	\$ 66.00	\$ 165.00
Nurse - Obstetrics (labor & delivery)	240/30014	\$ 299.00	\$748.00
Nurse - Student	398/28000	\$ 25.00	\$ 63.00
Dietician	240/30015	\$ 66.00	\$ 165.00
Optician *	240/80937	\$ 101.00	\$ 253.00
Pharmacist *	240/59112	\$ 75.00	\$ 188.00
Hearing Aid Service Fitter *	220/59981	\$ 37.00	\$ 93.00
Medical Lab Technician (this classification is used when providing individual liability only)	240/80711	\$ 24.00	\$ 60.00
X-ray Technician (this classification is used when providing individual liability only)	240/80713	\$ 50.00	\$ 125.00
X-ray Technician with X-ray therapy	240/80714	\$ 39.00	\$ 98.00
Medical Technologist / Occupational Therapist / Respiratory Therapist	240/30016	\$ 66.00	\$ 165.00

* Professional coverage is provided through the Commercial General Liability Coverage Part when Form CG 2265 or CG 2269 is used with the appropriate General Liability code (Optical Goods Stores 15839, Drugstores 12375 or Hearing Aid Stores 13759). If using the above General Liability codes, do not charge separately for professional liability coverage.

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~~23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)~~

~~2. Rates~~

~~Rates for Basic Limits: \$100,000 Each Professional Incident Limit
\$300,000 Professional Liability Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

Classification	Code	Instructor	Code	Student
Barber College (only)	20850	\$25.00	20857	\$13.00
Cosmetology School	20856	\$25.00	20858	\$12.50

- ~~3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.~~

~~E. Optional Coverage - Electrolysis Coverage~~

~~Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of \$25.00 for each instructor and student providing this service. Attach form PA 207. (Class code 22000)~~

~~24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398)~~

~~A. Description of Coverage~~

~~This coverage form extends the Commercial General Liability Coverage Part to provide:~~

- ~~1. Mental anguish (limit provided is same as General Liability Each Occurrence Limit);~~
- ~~2. Property damage liability for property of others in the care, custody or control of the insured (limit provided is \$50,000); and~~
- ~~3. Burial lot liability (limit provided is \$50,000).~~

~~B. Forms~~

~~PA 109 Cemetery Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.~~

~~C. Application~~

~~AGORD Commercial General Liability Section. Include number of graves (already buried and to be buried).~~

~~D. Rates / Premium Determination~~

- ~~1. Premium Basis. The basis used is per burial plot.~~

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

3. Business Entity Professional Liability Coverage B (applicable to risks insured under the Medical Arts Practitioner Professional Liability Coverage Form, PA 106) - (Subline 240) (Class Code 30017)

If the named insured consists of an individual(s) and a partnership, limited liability company, association or corporation, make an additional charge of 20% of the professional premium for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for above codes.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes listed in 2. above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

The same limits of insurance applicable to the individual(s) covered under Coverage A should be listed on the Declarations for Coverage B (i.e., the limit may not be higher).

If there is no Business Entity or it is not being insured, add Endorsement PA 320, Exclusion - Business Entity Professional Liability Coverage (Coverage B).

If a combined annual aggregate limit for Coverages A and B is desired, add Endorsement PA 4064, Amendment - Combined Aggregate Limit of Insurance. Apply a 5% (.95) factor to the Coverage B premium.

4. Additional Charge - Business Entity (applicable to Nurse's Professional Liability) - (Subline 240) (Class Code 30017)

If the named insured consists of an individual(s) and a partnership, limited liability company, association or corporation, make an additional charge of 20% of the professional premium for the exposure of the partnership, limited liability company, association or corporate entity. This charge is in addition to the charge made for above codes.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes listed in 2. above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. The following classifications are ineligible:

1. Nurse Practitioners;
2. Nurse Anesthetists;
3. Nurse Midwives; and
4. Legal Nurse Consultants.

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~~24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)~~

~~2. Rates - Class Code 25080~~

~~Rates for Basic Limits:~~

- ~~*\$100,000 Each Occurrence Limit (Limit must be same as General Liability Each Occurrence)~~
- ~~*\$300,000 Aggregate Limit (Limit must be same as General Liability Products / Completed Operations Aggregate)~~
- ~~\$50,000 Each Occurrence Damage to Property of Others~~
- ~~\$50,000 Each Occurrence Burial Lot Liability~~

~~*For increased limits, refer to Rule 52.~~

Classification	Rate
Already Buried	.006 per grave first 5,000 graves .002 per grave over 5,000 graves
To Be Buried	.006 per burial first 100 in current year .480 per burial over 100 in current year

~~25. COUNTY RECORDER AND / OR COUNTY CLERK'S ERRORS AND OMISSIONS (Subline Code 398)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a county recorder and / or county clerk.~~

~~B. Forms~~

~~PA 111 County Recorder and / or County Clerk's Errors and Omissions Insurance Coverage Form~~

~~PA 515 Errors and Omissions Insurance Coverage Part Declarations~~

~~C. Application~~

~~CA 1038 Professional Liability Application (Miscellaneous Professional)~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis. Rates and premium are based on each county recorder and / or county clerk.~~

~~2. Rates~~

~~Rates for Basic Limits:~~

- ~~\$100,000 Each Claim Limit~~
- ~~\$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

Classification	Code	Rate
County Recorder and / or County Clerk	25000	\$147.00 plus \$21.00 for each person on the staff

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This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a pedorthist (customized footwear).

B. Forms

PA 120 - Pedorthists Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each store.

2. Rates

Rates for Basic Limits: \$100,000 Each Occurrence Limit
\$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Retail Shoe Store - no prescription work	80983	\$62.00
Retail Shoe Store - with prescription work	81983	93.00

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26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a certified or registered emergency medical technician.

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part
Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. The rates and premium are based on each EMT.

2. Classifications

a. EMT means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and / or the Interagency Committee on Emergency Services of the Federal Government.

b. EMT-D means any person who has successfully completed a basic Emergency Medical Technician course as described in a. above and has also obtained the additional certification for use of a defibrillator.

c. EMT - Advanced means any person who has successfully completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.

d. EMT - Paramedic means any person who has successfully completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.

3. Rates

Rates for Basic Limits:	\$100,000 Each Claim Limit
	\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage provides protection against liability claims arising from the furnishing or failure to furnish professional services as a social service agency.

B. Forms - Occurrence (Subline Code 530)

PA 138 - Social Services Professional Liability Coverage Form

PA 4231 IL - Illinois Changes - Social Services Professional Liability Coverage Form

PA 567 or PA 568 (e-CLAS®) - Social Services Professional Liability Coverage Part Declarations

PA 219 - Department of Professional Regulation (DPR) Investigations Coverage - Coverage form will be attached to the policy at no additional premium when Social Services Professional Liability is a part of the policy - provides \$25,000 per occurrence with an annual aggregate of \$100,000 for an insured who becomes the subject of a Department of Professional Regulation or a similar state regulatory board investigation.

Forms - Claims-Made (Subline Code 540)

PA 139 - Social Services Professional Liability Claims-Made Coverage Form

PA 4232 IL - Illinois Changes - Social Services Professional Liability Claims-Made Coverage Form

PA 565 or PA 566 (e-CLAS®) - Social Services Professional Liability Coverage Part Declarations Claims-Made

PA 218 - Department of Professional Regulation (DPR) Investigations Coverage - Coverage form will be attached to the policy at no additional premium when Social Services Professional Liability is a part of the policy - provides \$25,000 per claim with an annual aggregate of \$100,000 for an insured who becomes the subject of a Department of Professional Regulation or a similar state regulatory board investigation.

PA 327 - Specific Matter Exclusion - May be used when providing claims-made professional coverage to exclude a specific act, error or omission that may lead to a future claim that would fall within the scope of Social Services Professional Liability.

C. Application

IA 024 - Social Services Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each professional individual.

2. Rates

Rates for Basic Limits: \$100,000 Each Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

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~~26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)~~

Classification	Code	Rate
EMT	30010	\$56.00
EMT-D	30011	56.00
EMT - Advanced	30012	56.00
EMT - Paramedic	30013	75.00

~~27. FUNERAL SERVICE PROVIDER PROFESSIONAL LIABILITY (Subline Code 317)~~~~A. Description of Coverage~~

~~This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render services as a mortician, funeral director or embalmer. The coverage provided is as follows:~~

- ~~1: Mental anguish as a result of a professional incident (limit provided is same as General Liability Each Occurrence Limit);~~
- ~~2: Property damage to deceased human bodies, personal effects thereof, or any casket while in the care, custody or control of the insured.~~

~~B. Forms~~

~~PA 121 - Funeral Service Provider Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.~~

~~C. Application~~

~~CA 1038 - Professional Liability Application (Miscellaneous Professional)~~

~~D. Rates / Premium Determination~~

- ~~1: Premium Basis. Rates and premium are based on number of funerals handled annually.~~
- ~~2: Rates - Class Code 72610~~

~~Rates for Basic Limits: \$100,000 Each Occurrence Limit
 \$300,000 Products Completed Operations and
 Professional Liability Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

Number of Funerals	Rate
1 - 50	\$70.00
51 - 100	78.00
101 - 200	89.00
over 200	97.00

~~The rates above include coverage for General Liability. Do not make a separate premium charge for the General Liability Coverage Part.~~

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

Occurrence Base Rates				
Classification	Class Code	Low	Medium	High
<u>Each residential facility</u>	<u>20023</u>	<u>\$108</u>	<u>\$216</u>	<u>\$ 360</u>
<u>Doctorate Degree - Psychologist, Therapist and other closely related health field</u>	<u>20024</u>	<u>360</u>	<u>720</u>	<u>1,080</u>
<u>Graduate Degree - Social Worker, Sociologist, Therapist, and other closely related health field</u>	<u>20025</u>	<u>72</u>	<u>108</u>	<u>216</u>
<u>Other Degree Counselor, Social Worker, Therapist, Nurse, Manager or closely related field</u>	<u>20026</u>	<u>43</u>	<u>72</u>	<u>108</u>
<u>Teacher, Nutritionist, Aides and other similar social service professionals</u>	<u>20027</u>	<u>29</u>	<u>43</u>	<u>79</u>

Low

Marriage and Family Counseling
Creative Arts Therapy
Fund Raising Organizations
Individual Counseling (Stress, Career, etc.)
Volunteer Recruitment
Peer Counseling with Professional Supervision
Recreational Programs for disabled or elderly
Cultural / Linguistic Assimilation Programs
Client Advocacy Organization (No Individual Clients)
Independent Living
Vocational Education / Sheltered Workshops

Medium

Homeless Counseling
Hotlines (Not Crisis Intervention)
Counseling Developmentally Disabled
Residential Developmentally Disabled
Respite Care
Special Needs Education
Mental Health Counseling For Emotionally Disturbed (Not Violent)

High - Refer to the Home Office prior to binding:

Counseling / Residential - Battered Women / Abused Children / Drug Abusers
Residential Care for Children
Foster Care
Adoption
Crisis Intervention

3. Additional Charge for Entity, other than individuals, professional liability for Social Service Entity, Partnership, Limited Liability Company, Association or Corporation.

When the named insured is not an individual, make an additional charge of 10% of the social service professional premium for the exposure of the entity. This charge is in addition to the charge made for individual professionals.

Charge full rate in 2. above for exposure of individuals, in addition to this charge for exposure of the entity.

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~~28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an insurance agent.~~

~~B. Forms~~

~~PA 115 Insurance Agents Errors and Omissions Insurance Coverage Form~~

~~PA 515 Errors and Omissions Insurance Coverage Part Declarations~~

~~C. Application~~

~~MP 1010 Insurance Agents' and Brokers' Errors and Omissions Policy Application~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based on the total annual premium volume for all lines of insurance, except Life, Accident and Health, which is based on Commission Income.~~

~~2. Rates - Class Code 25060~~

~~Rates for Basic Limits: \$100,000 Each Claim Limit
\$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

~~\$2.30 per \$1,000 on first \$750,000 of annual premium volume / commission income~~

~~\$2.10 per \$1,000 on next \$750,000~~

~~\$1.97 per \$1,000 on next \$1,000,000~~

~~\$0.92 per \$1,000 on excess of \$2,500,000~~

~~3. Adjustment Factors~~

~~The following adjustment factors may be multiplied by the basic rates:~~

~~a. Personal Lines premium volume represents 50% - 60% of the total premium volume: .95~~

~~b. Personal Lines premium volume represents over 60% of the total premium volume: .90~~

~~4. Additional Charge of \$55.00 at basic limits for each licensed CSR, solicitor or broker.~~

~~5. Minimum annual premium is \$500 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.~~

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

4. **Part-time Rating Plan** - To qualify for a part-time credit of 50% the social service professional must work no more than 20 hours per week.

5. **Prior Acts Coverage Endorsement - PA 4028**

Rates / Premium Determination

a. **Premium Basis**

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. **Rates**

Rates for Basic Limits: \$100,000 Each Professional Incident
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The following factors are applied to the gross CIC occurrence premium and except for expense modification the premium for this coverage is not subject to any further modification or rate plan.

<u>Number of Consecutive Years under Claims-Made Coverage</u>	<u>Prior Acts Coverage Factor</u>
<u>1</u>	<u>13</u>
<u>2</u>	<u>24</u>
<u>3</u>	<u>32</u>
<u>4</u>	<u>35</u>
<u>5 or more</u>	<u>37</u>

This is a one time charge and premium is fully earned.

6. **Claims-Made Coverage**

Claims-made rates are calculated by applying a claims-made multiplier to the appropriate occurrence rate. Claims-made multipliers are shown below.

Claims-made multipliers vary by the appropriate year in claims-made. These claims-made multipliers assume a Retroactive Date coincident with the effective date of the insured's first claims-made policy in an uninterrupted claims-made program and that the date is not advanced upon renewal. If the Retroactive Date is advanced, the new Retroactive Date should be considered as the insured's entry into claims-made for the purposes of determining the appropriate year in claims-made.

Claims-Made Multipliers

<u>Number of Whole Years in Claims-Made Program</u>	<u>Number of Months in Claims-Made Program</u>											
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>
<u>0</u>	<u>.25</u>	<u>.27</u>	<u>.29</u>	<u>.31</u>	<u>.33</u>	<u>.35</u>	<u>.37</u>	<u>.40</u>	<u>.42</u>	<u>.44</u>	<u>.46</u>	<u>.48</u>
<u>1</u>	<u>.50</u>	<u>.52</u>	<u>.54</u>	<u>.56</u>	<u>.58</u>	<u>.60</u>	<u>.62</u>	<u>.65</u>	<u>.67</u>	<u>.69</u>	<u>.71</u>	<u>.73</u>
<u>2</u>	<u>.75</u>	<u>.75</u>	<u>.76</u>	<u>.76</u>	<u>.77</u>	<u>.77</u>	<u>.77</u>	<u>.78</u>	<u>.78</u>	<u>.79</u>	<u>.79</u>	<u>.80</u>
<u>3</u>	<u>.80</u>	<u>.80</u>	<u>.81</u>	<u>.81</u>	<u>.82</u>	<u>.82</u>	<u>.82</u>	<u>.83</u>	<u>.83</u>	<u>.84</u>	<u>.84</u>	<u>.85</u>
<u>4+</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>	<u>.85</u>

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28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

E. Deductible

Minimum deductible is \$5,000 per claim

For the following optional deductibles, multiply the basic rates shown in D. by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
\$ 7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

F. **Notary Public Errors and Omissions.** Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is \$30.00 per person at basic limits. (Class code 25065)

G. **Coverage for Sale of Securities, Mutual Funds and Financial Planning Services.** Coverage may be extended for loss arising out of errors and omissions for sale of Securities, Mutual Funds or Financial Planning Services. Attach form PA 423. The premium charge is \$83.00 per licensed representative at basic limits. (Class code 23125)

H. Rate Modification Plan

1. General Rules

- a. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
- b. The credits or debits provided by these plans shall be taken one after the other and not added together.

2. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credits:

No chargeable losses in the previous 3 years	5% credit
No chargeable losses in the previous 5 years	10% credit

b. Experience Debits:

One chargeable loss within the previous 3 years	20% debit
Two chargeable losses within the previous 3 years	25% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

7. Extended Reporting Periods - Claims-Made Coverage Form

- a. A 60-day Basic Extended Reporting Period is automatically provided without additional charge.**
- b. A Supplemental Extended Reporting Period may be available, but only by endorsement and for an extra charge. The insured must request the endorsement within 60 days of the termination of coverage. The additional premium will not exceed 200% of the expiring annual premium. Attach Form PA 220 - Supplemental Extended Reporting Period Endorsement.**

E. Rate Modification Plan

1. General Rules

The rating plans in Rule 51 apply to the extent they are in addition to or not changed by the following rules.

- 2. Experience (Refer to the Experience Rating Plan in Rule 51. The following Experience Credit is in addition to that plan)**

Experience Credit

0 losses 25% credit

E. Optional Coverage

Multi-Jurisdiction Endorsement. This endorsement can be used for an insured who practices in more than one state, where one of those states may have a Patients Compensation Fund (PCF) or similar limit on the insured's liability which in turn limits the amount of professional liability insurance the insured is required to carry. This endorsement may be desired by such insureds, as claims arising from other jurisdictions would not be subject to the PCF, and thus they may want to purchase a higher limit of insurance for such claims than they purchase for their practice in the state with the PCF or similar limit on their liability. The premium for this endorsement would be based on the filed rates for Social Services Professional Liability in the states in question. The premium for the non-PCF state with the higher limit of insurance would be offset by the premium paid in the PCF state. Attach Form PA 4029 for Claims Made Coverage or Form PA 4030 for Occurrence Coverage.

G. The following operations are ineligible:

- 1. Alcohol or drug rehabilitation;**
- 2. Sex counseling;**
- 3. Abortion or birth counseling; and**
- 4. Criminal rehabilitation or probation activities.**

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~~28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)~~

~~3. Schedule Rating Plan~~

~~The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or degree of agency automation, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.~~

~~4. Expense Considerations~~

~~The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.~~

~~29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional legal services.~~

~~B. Forms~~

~~PA 105 Lawyer's Professional Liability Coverage Form~~

~~PA 505 Lawyer's Professional Liability Coverage Part Declarations~~

~~C. Application~~

~~Refer to Home Office.~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based on each lawyer, law clerk, investigator, abstractor and paralegal.~~

~~2. Rates~~

~~Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

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37 - 38. RESERVED

39 - 49. RESERVED FOR FUTURE USE

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398)

A. Dentist's Professional Liability (Class Code 26050)

1. Description of Coverage

This endorsement to the Dentist's Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured. This form also includes Medical Waste Defense Expenses Reimbursement Coverage.

2. Forms

PA 421 - Dentist's Professional Prior Acts or Omissions Extension

3. Application

PA-007 - Dentist's Professional Liability Application

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	13
2	24
3	32
4	35
5 or more	37

This is a one time charge and premium is fully earned.

B. Other than Dentist's Professional Liability (Class Code 26112)

1. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

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~~29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)~~

Classification	Code	Rate
All Lawyers	81400	\$2,700.00
Law Clerks, Abstractors, Investigators and Paralegals	81420	\$ 1,080.00

- ~~3. Minimum annual premium is \$250 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.~~

~~E. Deductible~~

~~Minimum deductible is \$2,500~~

~~For the following optional deductibles, multiply the basic rate shown in D. by the deductible rate factor:~~

Deductible Amount	Deductible Rate Factor
\$ 5,000	.95
10,000	.90
15,000	.85
20,000	.80
25,000	.75

~~30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services.~~

~~B. Forms~~

~~PA 101 - Nurse's Professional Liability Coverage Form (used to provide coverage on a monoline basis)~~

~~PA 102 - Nurse's Professional Liability Policy (Declarations Page)~~

~~PA 122 - Nurse's Professional Liability Coverage Form (used to provide coverage when attached to a policy with other property and casualty coverages)~~

~~PA 522 - Nurse's Professional Liability Coverage Part Declarations~~

~~PA 406 - Professional Liability Coverage Form (used to provide coverage for all professions other than nurses)~~

~~PA 506 - Professional Liability Coverage Declarations~~

~~C. Applications~~

~~PP-001 - Nurse's Professional Liability Application for nurses~~

~~CA-1038 - Professional Liability Application (Miscellaneous Professional) for all other professions~~

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50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)

2. Forms

<u>PRIOR ACTS COVERAGE ENDORSEMENTS</u>	
<u>Form #</u>	<u>Applicable Coverage Forms</u>
<u>PA 4058</u>	<u>Emergency Medical Technician Professional Liability Coverage Form</u>
<u>PA 4059</u>	<u>Health Care Facility Professional Liability Coverage Form</u> <u>Medical Institution Professional Liability Coverage Form</u> <u>Nurse's Professional Liability Coverage Form</u>
<u>PA 4061</u>	<u>Medical Arts Practitioner Professional Liability Coverage Form</u>

3. Application

PA-008 - Prior Acts or Omissions Application - Directors & Officers, Errors & Omissions or Professional

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52. Use increased limits chart according to insured's profession.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

<u>Number of Consecutive</u> <u>Years under Claims-Made Coverage</u>	<u>Prior Acts Coverage</u> <u>Factor</u>
1	26
2	48
3	63
4	70
5 or more	74

This is a one time charge and premium is fully earned.

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

D. Rates / Premium Determination

1. Premium Basis. Rate and premium are based on each individual professional.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

~~The following professions, when written monoline, shall be on a 3 year prepaid term.~~

Classification	Subline / Code	Annual	3 year prepaid
Hygienist / Dental Assistant	240/81910	\$ 71.00	\$ 178.00
Nurse - LPN	240/80963	\$ 66.00	\$ 165.00
Nurse - RN	240/80964	\$ 66.00	\$ 165.00
Nurse - Obstetrics (labor & delivery)	240/30014	\$ 299.00	\$748.00
Nurse - Student	398/28000	\$ 25.00	\$ 63.00
Dietician	240/30015	\$ 66.00	\$ 165.00
Optician *	240/80937	\$ 101.00	\$ 253.00
Pharmacist *	240/59112	\$ 75.00	\$ 188.00
Hearing Aid Service Fitter *	220/59981	\$ 37.00	\$ 93.00
Medical Lab Technician (this classification is used when providing individual liability only)	240/80711	\$ 24.00	\$ 60.00
X-ray Technician (this classification is used when providing individual liability only)	240/80713	\$ 50.00	\$ 125.00
X-ray Technician with X-ray therapy	240/80714	\$ 39.00	\$ 98.00
Medical Technologist / Occupational Therapist / Respiratory Therapist	240/30016	\$ 66.00	\$ 165.00

* Professional coverage is provided through the Commercial General Liability Coverage Part when form CG 2265 or CG 2269 is used with the appropriate General Liability code (Optical Goods Stores 15839, Drugstores 12375 or Hearing Aid Stores 13759). If using the above General Liability codes, do not charge separately for professional liability coverage.

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51. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN

Other than Dentist's Professional Liability

A. General Rules

1. Any risk that develops an annual basic limits premium of \$100 or more for the rated exposures may be eligible for the application of experience or schedule rating.
2. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
3. The credits or debits provided by these plans shall be taken one after the other and not added together.
4. This rating plan applies to all classes in Division Seven - Professional Liability, other than Dentist's Professional Liability. (Refer to the individual rules for rating plan.)

B. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

Experience Debit

One chargeable loss within the previous 3 years	30% debit
Two chargeable losses within the previous 3 years	50% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

C. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or classification analysis, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

D. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

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30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

3. ~~Additional Charge - Partnership, association or corporation~~ (Subline 240) (Class Code 30017)

~~If the named insured consists of an individual(s) entity and a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for above codes.~~

~~For example: Named insured of Joe Smith and Smith Professional, Inc.~~

~~Charge full rate for codes listed in 2. above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.~~

~~E. Professional Corporations~~

~~Use endorsement PA 495 for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.~~

~~F. The following classifications are ineligible:~~

- ~~1. Nurse Practitioners;~~
- ~~2. Nurse Anesthetists;~~
- ~~3. Nurse Midwives; and~~
- ~~4. Legal Nurse Consultants.~~

31. ~~CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish counseling services as an ordained minister, certified counselor, or trained lay advisor. Injury arising out of furnishing or failing to furnish advice to another person in exchange for the payment of a counseling fee is excluded.~~

~~B. Forms~~

~~PA 116 Clergy / Counseling Professional Liability Coverage Form~~

~~PA 516 Clergy / Counseling Professional Liability Coverage Part Declarations~~

~~C. Application~~

~~GA 1038 Professional Liability Application (Miscellaneous Professional)~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates are based on each clergy member, certified counselor, or trained lay advisor.~~

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52. INCREASED LIMITS TABLES

A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:

1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.

2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal Place shall be considered as an additional unit in the second decimal Place.

3. Where neither limit required appears in the table, refer to company.

B. All limits are expressed in thousands of dollars.

C. Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident						500	1,000
	100	150	200	250	300			
300	1.00 (52)	1.12 (56)	1.19 (60)	1.24 (63)	1.27 (66)			
400	1.01 (55)	1.13 (56)	1.24 (60)	1.29 (63)	1.32 (66)			
500	1.03 (53)	1.18 (56)	1.28 (57)	1.36 (61)	1.41 (66)	1.54 (67)		
600	1.04 (55)	1.19 (56)	1.30 (58)	1.38 (63)	1.45 (66)	1.60 (70)		
750	1.05 (55)	1.19 (56)	1.30 (60)	1.39 (62)	1.46 (66)	1.62 (70)		
1,000	1.06 (54)	1.20 (56)	1.32 (59)	1.42 (63)	1.50 (66)	1.72 (68)	1.94 (71)	
1,250	1.07 (55)	1.20 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (70)	1.98 (73)	
1,500	1.08 (55)	1.21 (56)	1.33 (60)	1.43 (63)	1.51 (66)	1.75 (69)	2.06 (73)	
2,000	1.09 (55)	1.22 (56)	1.34 (60)	1.44 (63)	1.52 (66)	1.76 (70)	2.10 (73)	
2,500	1.10 (55)	1.23 (56)	1.35 (60)	1.45 (63)	1.53 (66)	1.77 (70)	2.10 (73)	
3,000	1.11 (55)	1.24 (56)	1.36 (60)	1.46 (63)	1.54 (66)	1.78 (70)	2.12 (72)	

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31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Each clergy member, certified counselor, or trained lay advisor	20190	\$40.00

3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

32. PEDORTHISTS PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a pedorthist (customized footwear).

B. Forms

PA 120 - Pedorthists Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each store.

2. Rates

Rates for Basic Limits: \$100,000 Each Occurrence Limit
 \$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Retail Shoe Store - no prescription work	80983	\$62.00
Retail Shoe Store - with prescription work	81983	93.00

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish printing services.

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

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52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

Aggregate	Per Dental Incident						1,000	1,500	2,000
	100	150	200	250	300	500			
300	1.00 (52)	1.07 (56)	1.09 (60)	1.11 (63)	1.12 (66)				
400	1.01 (55)	1.08 (56)	1.11 (60)	1.13 (63)	1.15 (66)				
500	1.02 (53)	1.09 (56)	1.13 (57)	1.15 (61)	1.17 (66)	1.20 (67)			
600	1.03 (55)	1.10 (56)	1.14 (58)	1.17 (63)	1.19 (66)	1.22 (70)			
750	1.04 (55)	1.11 (56)	1.15 (60)	1.18 (62)	1.21 (66)	1.24 (70)			
900	1.05 (55)	1.12 (56)	1.16 (60)	1.19 (63)	1.23 (65)	1.26 (70)			
1,000	1.06 (54)	1.13 (56)	1.17 (59)	1.20 (63)	1.24 (66)	1.27 (68)	1.33 (71)		
1,250	1.07 (55)	1.14 (56)	1.18 (60)	1.21 (63)	1.25 (66)	1.28 (70)	1.34 (73)		
1,500	1.08 (55)	1.15 (56)	1.19 (60)	1.22 (63)	1.25 (66)	1.29 (69)	1.35 (73)	1.38 (74)	
2,000	1.09 (55)	1.16 (56)	1.20 (60)	1.23 (63)	1.26 (66)	1.30 (70)	1.36 (73)	1.39 (74)	1.42 (75)
2,500	1.10 (55)	1.17 (56)	1.21 (60)	1.24 (63)	1.27 (66)	1.31 (71)	1.37 (73)	1.40 (74)	1.43 (75)
3,000	1.11 (55)	1.18 (56)	1.22 (60)	1.25 (63)	1.28 (66)	1.32 (70)	1.38 (72)	1.41 (74)	1.44 (75)
4,000	1.12 (55)	1.19 (56)	1.23 (60)	1.26 (63)	1.29 (66)	1.33 (70)	1.39 (73)	1.42 (74)	1.45 (75)
4,500							1.40 (73)	1.43 (74)	1.46 (75)
5,000							1.41 (73)	1.44 (74)	1.47 (75)
6,000							1.42 (73)	1.45 (74)	1.48 (75)

3. Hospitals

Aggregate	Per Medical Incident						500	1,000
	100	150	200	250	300			
300	1.00 (52)	1.08 (56)	1.12 (60)	1.14 (63)	1.16 (66)			
500	1.04 (53)	1.16 (56)	1.24 (57)	1.29 (61)	1.33 (66)	1.41 (67)		
600	1.05 (55)	1.18 (56)	1.27 (58)	1.33 (63)	1.38 (66)	1.49 (70)		
1,000		1.20 (56)	1.31 (59)	1.40 (63)	1.47 (66)	1.66 (68)	1.83 (71)	
1,500		1.21 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (69)	2.01 (73)	
2,000					1.51 (66)	1.76 (70)	2.09 (73)	
3,000							2.14 (72)	

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~~33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)~~

~~G. Application~~

~~IW-001 Printer's Application~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based upon the total annual gross receipts from printing operations.~~

~~2. Classifications~~

~~a. Low Hazard (\$500 minimum deductible)~~

Bulletins / Newsletters	Matchbooks
Bronzing	Napkins
Color separation	Photoengraving
Envelopes	Presentation folders
Folding boxes (no mfg.)	Non-promotional material
Invitations	Stationery

~~b. Average Hazard (\$500 minimum deductible)~~

Bank checks	Foil stamping
Blueprints	Greeting cards
Booklets	Lighters - specialty items
Book printing	Menus
Brochures	Mugs - specialty items
Business reply cards	Newspapers - Pennysave type only
Business forms	Packaging (no mfg.)
Data sheets	Photo Duplicating
Die cutting	Platemaking
Embossing	Press kits
Engraving	Programs
Equipment list	Publication inserts
Film processing	Reprographics
Finishing Services (incl. binding)	T-Shirts
	Wallpaper

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52. INCREASED LIMITS TABLES (Cont'd)

4. Physicians Social Services

Aggregate	Per Claim / Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.15 (56)	1.24 (60)	1.32 (63)	1.38 (66)		
400	1.01 (55)	1.17 (56)	1.30 (60)	1.39 (63)	1.46 (66)		
500		1.19 (56)	1.32 (57)	1.44 (61)	1.52 (66)	1.74 (67)	
600		1.20 (56)	1.34 (58)	1.46 (63)	1.56 (66)	1.80 (70)	
750		1.21 (56)	1.35 (60)	1.48 (62)	1.58 (66)	1.87 (70)	
900				1.49 (63)	1.60 (65)	1.92 (70)	
1,000					1.61 (66)	1.94 (68)	2.30 (71)
1,500					1.62 (66)	1.99 (69)	2.44 (73)
2,000						2.00 (70)	2.50 (73)
2,500							2.52 (73)
3,000							2.53 (72)

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~~33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)~~

~~e. High Hazard (\$1,000 minimum deductible)~~

Advertising	Graphic Design
Annual reports	Labels, stickers, wrapping tags
Book Binding	Manuals
Catalogs	Mailings
Computer forms	Optical character recognition (OCR)
Coupons	Posters
Design / typography	Signs
Direct Mailings	Trade show material
Financial	Typesetting
Forms & documents	Universal products code (UPC)

~~Ineligible E & O classes:~~

~~Games of Chance~~
~~Magazine publishing~~
~~Newspaper (excluding weekly advertisers), book or magazine printing~~
~~Printing Brokers~~
~~Printing of stamps (postage or trading)~~
~~Printing of controversial material~~
~~Printing of currency, securities, travelers checks or money orders~~
~~Telephone directories~~
~~Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets~~
~~Web site design or development~~

~~3. Rates~~

~~Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

Classification	Code	Rate per \$1,000 of receipts
Low Hazard	25051	.07
Average Hazard	25052	.10
High Hazard	25053	.25

~~E. Deductible~~

- ~~1. The minimum deductible is \$500 per claim for low and average hazard classes and \$1,000 per claim for high hazard classes.~~
- ~~2. If Correction of Work Coverage applies, minimum deductibles are higher. See paragraph F. below. The E&O deductible must be written at the Correction of Work deductible.~~
- ~~3. For the following optional deductibles, multiply the rates shown in paragraph D. by the following factors:~~

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52. INCREASED LIMITS TABLES (Cont'd)

5. Surgeons

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.15 (56)	1.25 (60)	1.33 (63)	1.40 (66)		
400	1.01 (55)	1.18 (56)	1.31 (60)	1.41 (63)	1.48 (66)		
500		1.19 (56)	1.34 (57)	1.46 (61)	1.54 (66)	1.78 (67)	
600		1.20 (56)	1.36 (58)	1.48 (63)	1.59 (66)	1.85 (70)	
750		1.21 (56)	1.37 (60)	1.50 (62)	1.61 (66)	1.92 (70)	
900				1.51 (63)	1.63 (65)	1.97 (70)	
1,000					1.64 (66)	2.00 (68)	2.40 (71)
1,500					1.65 (66)	2.05 (69)	2.56 (73)
2,000						2.06 (70)	2.63 (73)
2,500							2.65 (73)
3,000							2.66 (72)

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~~33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)~~

Deductible	E&O Hazard Class		
	Low	Average	High
\$ 750	.07	.05	not available
1,000	.04	.00	1.00
2,500	.00	.05	.00
5,000	.05	.00	.75
10,000	.00	.75	.70

~~F. Correction of Work Coverage Code 25054~~

- ~~1. This endorsement extends the Printers Errors and Omissions Form PA 117 to provide coverage for correction of the insured's work that has already been distributed. Coverage is still on a legally obligated to pay basis, and includes the insured's costs to:~~
 - ~~a. Recover the incorrect material;~~
 - ~~b. Print corrected material;~~
 - ~~c. Package and re-mail the corrected material.~~
- ~~2. This coverage does not apply to correcting mistakes before the work has been mailed.~~
- ~~3. Use endorsement PA 499.~~
- ~~4. Correction of Work Minimum Deductible~~
 - ~~a. \$1,000 minimum deductible for Low or Average hazard classes.~~
 - ~~b. \$2,500 minimum deductible for High hazard class.~~
 - ~~c. The Printers E&O deductible must be the same as the Correction of Work deductible.~~
- ~~5. Correction of Work Minimum Premium~~
 - ~~a. For the Printers Package Program, minimum premiums for Correction of Work coverage are:~~
 - ~~(1) \$150 for Low or Average hazard classes~~
 - ~~(2) \$250 for High hazard class~~
 - ~~b. For other printing risks, minimum premiums for Correction of Work coverage are:~~
 - ~~(1) \$225 for Low or Average hazard classes~~
 - ~~(2) \$350 for High hazard class~~
 - ~~c. The Correction of Work minimum premium is in addition to the Division Minimum Premium.~~

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52. INCREASED LIMITS TABLES (Cont'd)

6. Chiropractors
Chiropodists / Podiatrists
EMTs
Miscellaneous Health Care
Optometrists
Podorthists
Physiotherapists

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.14 (56)	1.22 (60)	1.29 (63)	1.33 (66)		
400	1.01 (55)	1.15 (56)	1.26 (60)	1.34 (63)	1.38 (66)		
500		1.16 (56)	1.27 (57)	1.36 (61)	1.40 (66)	1.56 (67)	
600		1.17 (56)	1.28 (58)	1.37 (63)	1.42 (66)	1.62 (70)	
750		1.18 (56)	1.29 (60)	1.38 (62)	1.44 (66)	1.65 (70)	
900				1.39 (63)	1.46 (65)	1.67 (70)	
1,000					1.47 (66)	1.68 (68)	1.92 (71)
1,500					1.48 (66)	1.69 (69)	1.97 (73)
2,000						1.70 (70)	1.98 (73)
2,500							1.99 (73)
3,000							2.00 (72)

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~~33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)~~

~~6. Sublimit of Insurance~~

~~Correction of Work Coverage is available at limits of \$100,000 per claim/\$100,000 aggregate and \$300,000 per claim/\$300,000 aggregate. The \$300,000/\$300,000 limit is only available if the per claim limit for the Printers E&O is at least \$300,000.~~

~~7. Premium Determination~~

~~a. Base rates (per \$1,000 sales) for Correction of Work coverage:~~

Hazard	Correction of Work Rate	
	100/100	300/300*
Low (Code 25047)	.00	.20
Average (Code 25048)	.11	.40
High (Code 25049)	.20	.65

~~* Only available if Printers E&O per claim limit is at least \$300,000.~~

~~b. Multiply base rate by the deductible factors in paragraph E. of this rule.~~

~~c. Result of a. x b. is the Correction of Work rate.~~

~~d. Multiply c. by the amount of sales (per \$1,000) that was used to determine the E&O premium. This is the Correction of Work premium.~~

~~e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.~~

~~34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 399)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish real estate professional services.~~

~~B. Forms~~

~~PA 118 Real Estate Agents' Errors and Omissions Insurance Coverage Form~~

~~PA 515 Errors and Omissions Insurance Coverage Part Declarations~~

~~C. Application~~

~~MP 1007 Real Estate Errors and Omissions Application~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based upon the gross income of the insured. Gross Income is the total amount of money charged by the insured for real estate agency services.~~

~~2. Rates - Class Code 25070~~

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52. INCREASED LIMITS TABLES (Cont'd)

7. Blood Banks Medical or X-ray Laboratories

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.15 (56)			1.38 (66)		
500	1.01 (53)	1.17 (56)	1.29 (57)	1.40 (61)	1.48 (66)	1.70 (67)	
600			1.30 (58)	1.40 (63)	1.49 (66)	1.75 (70)	
1,000						1.82 (68)	2.32 (71)
1,500						1.82 (69)	2.40 (73)
2,000							2.42 (73)
3,000							2.42 (72)

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~~34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)~~

~~Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

~~\$2.10 per \$100 on first \$25,000 of gross income~~

~~\$1.05 per \$100 on next \$50,000 of gross income~~

~~\$.53 per \$100 on next \$75,000 of gross income~~

~~\$.26 per \$100 on excess of \$150,000 gross income~~

- ~~3. Additional charge of \$66.00 at basic limits per sales person under named insured's real estate broker's license.~~

~~E. Deductible~~

~~Minimum deductible is \$2,500.~~

~~For the following optional deductibles, multiply the basic rates shown in paragraph D. by the deductible rate factor:~~

Deductible Amount	Deductible Rate Factor
\$ 5,000	.95
7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

- ~~F. Notary Public Errors and Omissions.~~ Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is \$45.00 per person for basic limits. (Class code 25075)

- ~~G. Lead Liability Exclusion.~~ This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. Attach ~~PA 301 - Exclusion - Lead Liability.~~

- ~~H. Fungi or Bacteria Exclusion.~~ This endorsement excludes all liability arising out of fungi or bacteria. You may attach ~~PA 340, Fungi or Bacteria Exclusion.~~

~~35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against claims arising out of wrongful acts committed by the directors and officers, as well as specified trustees and members, in the performance of their duties of the management responsibilities of a religious institution. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.~~

~~B. Forms~~

~~PA 112 - Religious Institution Wrongful Acts Coverage Form~~

~~PA 527 - Religious Institution Wrongful Acts Coverage Part Declarations~~

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53. HOME HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

These coverage forms provide protection against liability claims arising from the furnishing or failure to furnish professional services as a home health care provider.

B. Forms

PA 134 - Home Health Care Professional Liability Coverage Form - Occurrence

PA 135 - Home Health Care Professional Liability Coverage Form - Claims-Made

PA 4179 IL - Illinois Changes - Extended Reporting Periods

PA 556/PAQ556/PDA556 - Home Health Care Professional Liability Coverage Part Declarations - Occurrence

PA 557/PAQ557/PDA557 - Home Health Care Professional Liability Coverage Part Declarations - Claims-Made

PA 211 - Licensing Board Defense Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 214 - Licensing Board Defense Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 212 - Medical Waste Defense Expenses Reimbursement Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 215 - Medical Waste Defense Expenses Reimbursement Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 210 - Patient Information Privacy Incident Coverage - Occurrence - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

PA 213 - Patient Information Privacy Incident Coverage - Claims-Made - Form will be attached to the policy at no additional premium charge when Home Health Care Professional Liability is a part of the policy.

C. Application

IA 017 - Home Health Care Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per \$1,000 of payroll.

2. Classifications

Based on the insured's business operation, choose the classification that best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Classification

Code

Nursing (LPN, RN)

89822

Therapeutic Services (Physical, Occupational, Respiratory, Speech, Chemotherapy and Dialysis)

89821

Home Health Aide

89825

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~~35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398) (Cont'd)~~

~~C. Application~~

~~PA 016 Religious Institutions Wrongful Acts Questionnaire~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Premium basis is each institution~~

~~2. Rates - Class Code 20090~~

Limits of Insurance Each Claim Limit / Aggregate Limit	Rate
\$ 100,000/\$100,000	\$ 60.00
100,000/300,000	75.00
300,000/300,000	89.00
500,000/500,000	107.00
1,000,000/1,000,000	139.00
2,000,000/2,000,000	179.00
3,000,000/3,000,000	209.00
4,000,000/4,000,000	234.00
5,000,000/5,000,000	254.00

~~36. SOCIAL SERVICES PROFESSIONAL LIABILITY~~

~~A. Description of Coverage~~

~~This coverage provides protection against liability claims arising from the furnishing or failure to furnish professional services as a social service agency.~~

~~B. Forms~~

~~PA 123 Miscellaneous Professional Liability Coverage Form~~

~~PA 523 Miscellaneous Professional Liability Coverage Part Declarations~~

~~C. Application~~

~~CA 1038 Professional Liability Application (Miscellaneous Professional)~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based on each professional individual.~~

~~2. Rates~~

~~Rates for Basic Limits: \$100,000 Each Claim Limit
\$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

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53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

Nursing - Consists of services that can be provided only by someone with at least the qualifications of a licensed practical nurse or registered nurse.

Physical Therapy - Consists of services that provide treatment to individuals to develop, maintain and restore maximum movement and function throughout life.

Respiratory Therapy - Consists of services providing exercises and treatments that help patients recover lung function after surgery.

Occupational Therapy - Consists of services providing therapy based on engagement in meaningful activities of daily life, especially to enable or encourage participation in such activities in spite of impairments or limitations in physical or mental functions.

Speech Therapy - Consists of services providing the treatment of the correction of a speech impairment which resulted from birth, or from disease, injury, or prior medical treatment.

Chemotherapy - Consists of services providing the use of chemical agents to treat or control disease.

Dialysis - Consists of services providing the procedure for cleansing the blood using membranes to filter out waste products; kidney dialysis is a substitute for the function of damaged or absent kidneys.

Home Health Aide - Consists of services that provide light housekeeping and homemaking tasks such as laundry, change bed linens, shop for food, and plan and prepare meals. Aides also may help clients get out of bed, bathe, dress, and groom. Some accompany clients to doctors' appointments or on other errands as well as provide instruction and psychological support to their clients. They may advise families and patients on nutrition, cleanliness, and household tasks.

3. Rates

a. Occurrence Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.C.6. Miscellaneous Health Care.

<u>Classification</u>	<u>Rate per \$1,000 payroll</u>
<u>Nursing (LPN, RN)</u>	<u>1.33</u>
<u>Therapeutic Services (Physical, Occupational,</u>	<u>4.15</u>
<u>Respiratory, Speech, Chemotherapy and Dialysis</u>	
<u>Home Health Aide</u>	<u>1.70</u>

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

Classification	Subline / Code	Rate
Psychiatrist	Refer to Rule 2. Physicians and Surgeons Professional Liability	
Psychologist	398/20011	\$ 127.00
APA Psychologist (American Psychiatric Assoc. or Psychological Assoc.)	398/20012	\$ 94.00
ACSW (Academy of Certified Social Workers)	398/20013	\$ 54.00
MSW (Masters in Social Work)	398/20014	\$ 62.00
Other Professional, defined as:	317/80110	\$ 109.00

- a. BS in Social Work;
- b. SW Social Worker; or
- c. Masters in Psychology;
- d. Licensed marriage counselor or family counselor;
- e. Masters or PHD (Doctoral Degree) in closely related mental health fields;
- f. GW Case Worker.

3. Additional Charge Partnership, association or corporation (Subline 398) (Class Code 20017)

When the named insured consists of an individual(s) entity and a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the social service professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 20011/20012/20013/20014/80110.

Example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement PA 495 for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer the following (a) rated classes to the Home Office prior to binding:

- 1. Adoption or child placement (Subline 398) (Code 20015); and
- 2. Residential child care (Subline 398) (Code 20016).

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53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

b. Claims-Made Rates

Claims-made rates are calculated by applying a claims-made multiplier to the appropriate occurrence rate. Claims-made multipliers are shown below.

Claims-made multipliers vary by the appropriate year in claims-made. These claims-made multipliers assume a Retroactive Date coincident with the effective date of the insured's first claims-made policy in an uninterrupted claims-made program and that the date is not advanced upon renewal. If the Retroactive Date is advanced, the new Retroactive Date should be considered as the insured's entry into claims-made for the purposes of determining the appropriate year in claims-made.

Claims-Made Multipliers

<u>Number of Whole Years In Claims-Made Program</u>	<u>Number of Months in Claims-Made Program</u>											
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>
<u>0</u>	<u>.25</u>	<u>.27</u>	<u>.29</u>	<u>.31</u>	<u>.33</u>	<u>.35</u>	<u>.37</u>	<u>.40</u>	<u>.42</u>	<u>.44</u>	<u>.46</u>	<u>.48</u>
<u>1</u>	<u>.50</u>	<u>.52</u>	<u>.54</u>	<u>.56</u>	<u>.58</u>	<u>.60</u>	<u>.62</u>	<u>.65</u>	<u>.67</u>	<u>.69</u>	<u>.71</u>	<u>.73</u>
<u>2</u>	<u>.75</u>	<u>.75</u>	<u>.76</u>	<u>.76</u>	<u>.77</u>	<u>.77</u>	<u>.77</u>	<u>.78</u>	<u>.78</u>	<u>.79</u>	<u>.79</u>	<u>.80</u>
<u>3</u>	<u>.80</u>	<u>.80</u>	<u>.81</u>	<u>.81</u>	<u>.82</u>	<u>.82</u>	<u>.82</u>	<u>.83</u>	<u>.83</u>	<u>.84</u>	<u>.84</u>	<u>.85</u>
<u>4</u>	<u>.85</u>											

4. Prior Acts Coverage

a. Description of Coverage

This endorsement to the Home Health Care Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

b. Form

PA 4154 - Prior Acts Coverage Endorsement

c. Rates / Premium Determination

(1) Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

(2) Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.C.6.

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36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

~~G. The following operations are ineligible:~~

- ~~1. Alcohol or drug rehabilitation;~~
- ~~2. Sex counseling;~~
- ~~3. Abortion or birth counseling; and~~
- ~~4. Criminal rehabilitation or probation activities.~~

37. ~~TEACHER'S PROFESSIONAL LIABILITY (Subline Code 317)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a teacher.~~

~~B. Forms~~

~~PA 119 Teacher's Professional Liability Coverage Form~~

~~PA 519 Teacher's Professional Liability Coverage Part Declarations~~

~~C. Application~~

~~IA-005 Teacher's Professional Liability Application~~

~~D. Rates / Premium Determination~~

~~1. Premium Basis~~

~~Rates and premium are based on each teacher.~~

~~2. Rates~~

~~Rates for Basic Limits: \$100,000 Each Claim Limit
\$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

~~All monoline Teacher's Professional Liability shall be written on a 3 year pre-paid term.~~

Classification	Code	Annual	3 year Pre-paid
Each Teacher	72998	\$20.00	\$50.00

- ~~3. Minimum annual premium (and minimum 3 year pre-paid premium) is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.~~

38. ~~TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398)~~

~~A. Description of Coverage~~

~~This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a travel agency. Coverage is extended to acts, errors or omissions committed prior to the effective date of coverage if claim or "suit" is brought during the policy period and the insured had no knowledge of the claim or "suit" as of the effective date of coverage.~~

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53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

The factors indicated below are applied to the gross Cincinnati Insurance Companies' occurrence premium, and except for expense modification and the following rate plan, the premium for this coverage is not subject to any further modification or rate plan.

- (1) A documented incident reporting program in place at least three years (.80 factor)
- (2) No paid claims or suits brought in the past five years (.90 factor)
- (3) No known circumstances, acts, errors or omissions that could result in a claim (.90 factor).

Apply each factor consecutively. Do not add them together.

<u>Number of Consecutive Years under Claims-Made Coverage</u>	<u>Prior Acts Coverage Factor</u>
<u>1</u>	<u>.13</u>
<u>2</u>	<u>.24</u>
<u>3</u>	<u>.32</u>
<u>4</u>	<u>.35</u>
<u>5 or more</u>	<u>.37</u>

This is a one time charge and premium is fully earned.

5. Extended Reporting Periods - Claims-Made Coverage Form

Upon termination of coverage for any reason other than cancellation for nonpayment of premium, the following Extended Reporting Periods are provided:

- a. A 60-day Basic Extended Reporting Period is automatically provided without additional charge.
- b. A Supplemental Extended Reporting Period may be available, but only by endorsement and for an extra charge. The insured must request the endorsement within 60 days of the termination of coverage. The additional premium will not exceed 200% of the expiring annual premium. Attach Form PA 4155 - Supplemental Extended Reporting Period Endorsement.

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38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

B. Forms

~~PA 104~~ Travel Agents Errors and Omissions Coverage Form

~~PA 504~~ Travel Agents Errors and Omissions Coverage Part Declarations

C. Application

~~PA 009~~ Travel Agents Errors and Omissions Application

D. Rates / Premium Determination

~~1. Premium Basis.~~ The basis used is per \$100 of total gross receipts.

~~2. Rates - Class Code 25010~~

~~Rates for Basic Limits: \$100,000 Each Occurrence Limit for Errors and Omissions
 \$300,000 Aggregate Limit~~

~~For increased limits, refer to Rule 52.~~

~~The rates below are the basic annual rates for Errors and Omissions coverage only. The General Liability portion is rated in accordance with Division Six - General Liability.~~

Gross Receipts	Rate	
100,000 - 200,000	\$208.00	
200,001 - 300,000	251.00	
300,001 - 400,000	294.00	
400,001 - 500,000	336.00	
500,001 - 600,000	378.00	
600,001 - 700,000	420.00	
700,001 - 800,000	462.00	
800,001 - 900,000	504.00	
900,001 - 1,000,000	545.00	
over 1,000,000	545.00	plus \$42.00 per \$100,000 of receipts in excess of \$1,000,000.

~~Note: The gross receipts shall be at least equal to \$100,000 times the number of employees.~~

~~3. Minimum premium is \$300 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.~~

E. Deductible

~~Minimum deductible is \$250.~~

~~For the following optional deductibles, multiply the basic rates shown in D. by deductible rate factor:~~

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53. HOME HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

E. Rate Modification Plan

1. General Rule

The rating plans in Rule 51 apply to the extent they are in addition to or not changed by the following rules.

2. Management Practices Rating Plan

Percentage of Skilled Care to total payroll:

- | | |
|--|---------------------------|
| <u>a. >75% payroll in the skilled / therapeutic category</u> | <u>0.75 factor</u> |
| <u>b. 25% - 75% payroll in the skilled / therapeutic category</u> | <u>1.00 factor</u> |
| <u>c. <25% payroll in the skilled / therapeutic category</u> | <u>1.25 factor</u> |

Skilled / therapeutic means Nursing (RN and LPN), Therapy (Physical, Respiratory, Speech and Occupational), Chemotherapy and Dialysis.

3. Experience Rating Plan (This plan replaces Rule 51.B. for Home Health Care risks.)

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credit

<u>0 losses</u>	<u>10% credit</u>
-----------------	-------------------

b. Experience Debit

<u>1 loss</u>	<u>10% debit</u>
<u>2 losses</u>	<u>20% debit</u>
<u>3+ losses</u>	<u>35% debit</u>

A chargeable loss is defined as a paid loss or a reserve for a claim which the underwriter deems there is probable negligence involved and a loss payment is likely. Any risk that qualifies for an experience debit may also be declined or nonrenewed.

E. Optional Coverage

Multi-Jurisdiction Endorsement: This endorsement can be used for an insured who practices in more than one state, where one of those states may have a Patients Compensation Fund (PCF) or similar limit on the insured's liability which in turn limits the amount of professional liability insurance the insured is required to carry. This endorsement may be desired by such insureds, as claims arising from other jurisdictions would not be subject to the PCF, and thus they may want to purchase a higher limit of insurance for such claims than they purchase for their practice in the state with the PCF or similar limit on their liability. The premium for this endorsement would be based on the filed rates for Home Health Care Professional Liability in the states in question. The premium for the non-PCF state with the higher limit of insurance would be offset by the premium paid in the PCF state. Attach Form PA 4169.

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~~38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)~~

Deductible Amount	Deductible Rate Factor
\$ 500	.90
1,000	.85
2,500	.80
5,000	.65
10,000	.50
25,000	.35

~~F. Refer to the Home Office any travel agencies that conduct or organize tours.~~

~~39. - 49. RESERVED FOR FUTURE USE~~

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398)

A. Dentist's Professional Liability (Class Code 26050)

1. Description of Coverage

This endorsement to the Dentist's Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

PA 421 - Dentist's Professional Prior Acts or Omissions Extension

3. Application

PA-007 - Dentist's Professional Liability Application

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

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1. RULES FOR USE OF GUIDE (a) RATES

- I. Rates differing from the guide (a) rates in the schedule, or a rating basis differing from a rating basis in the schedule, provided none is specified in the Medical Malpractice Liability Manual, may be established in individual cases by the company.
- II. (a) rates for exposures not assignable to any classification contained in the schedule of guide (a) rates or in the Medical Malpractice Liability Manual may be established in individual cases by the company.

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~~50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)~~

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	13
2	24
3	32
4	35
5 or more	37

This is a one time charge and premium is fully earned.

B. Other than Dentist's Professional Liability (Class Code 26112)

1. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

~~PA 444 - Prior Acts or Omissions - Errors & Omissions or Professional~~

3. Application

~~PA-008 - Prior Acts or Omissions Application - Directors & Officers, Errors & Omissions or Professional~~

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52. Use increased limits chart according to insured's profession.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	26
2	48
3	63
4	70
5 or more	74

This is a one time charge and premium is fully earned.

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GUIDE (a) RATES

36. RESERVED

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51. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN

Other than Dentist's Professional Liability / ~~Insurance Agents Errors and Omissions~~

A. General Rules

1. Any risk that develops an annual basic limits premium of \$100 or more for the rated exposures may be eligible for the application of experience or schedule rating.
2. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
3. The credits or debits provided by these plans shall be taken one after the other and not added together.
4. This rating plan applies to all classes in Division Seven - Professional Liability, other than ~~Dentist's Professional Liability and Insurance Agents Errors and Omissions. (Refer to their individual rules for rating plans.)~~

B. Experience Rating Plan

The experience period is the three years ~~immediately~~ preceding the effective date of the current policy period.

Experience Debit

One chargeable loss within the previous 3 years	30% debit
Two chargeable losses within the previous 3 years	50% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

C. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or classification analysis, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

D. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

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GUIDE (a) RATES

52. INCREASED LIMITS TABLES

- A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:
 1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
 2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal Place shall be considered as an additional unit in the second decimal Place.
 3. Where neither limit required appears in the table, submit for rating.
- B. All limits are expressed in thousands of dollars.
- C. Limit codes are shown in parentheses under factors.

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52. INCREASED LIMITS TABLES

- A.** The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:
- Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
 - The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
 - Where neither limit required appears in the table, refer to company.
- B.** All limits are expressed in thousands of dollars.
- C.** Limit codes are shown in parentheses under factors.

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident						500	1,000
	100	150	200	250	300			
300	1.00 (52)	1.12 (56)	1.19 (60)	1.24 (63)	1.27 (66)			
400	1.01 (55)	1.13 (56)	1.24 (60)	1.29 (63)	1.32 (66)			
500	1.03 (53)	1.18 (56)	1.28 (57)	1.36 (61)	1.41 (66)	1.54 (67)		
600	1.04 (55)	1.19 (56)	1.30 (58)	1.38 (63)	1.45 (66)	1.60 (70)		
750	1.05 (55)	1.19 (56)	1.30 (60)	1.39 (62)	1.46 (66)	1.62 (70)		
1,000	1.06 (54)	1.20 (56)	1.32 (59)	1.42 (63)	1.50 (66)	1.72 (68)	1.94 (71)	
1,250	1.07 (55)	1.20 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (70)	1.98 (73)	
1,500	1.08 (55)	1.21 (56)	1.33 (60)	1.43 (63)	1.51 (66)	1.75 (69)	2.06 (73)	
2,000	1.09 (55)	1.22 (56)	1.34 (60)	1.44 (63)	1.52 (66)	1.76 (70)	2.10 (73)	
2,500	1.10 (55)	1.23 (56)	1.35 (60)	1.45 (63)	1.53 (66)	1.77 (70)	2.10 (73)	
3,000	1.11 (55)	1.24 (56)	1.36 (60)	1.46 (63)	1.54 (66)	1.78 (70)	2.12 (72)	

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1. Convalescent or Nursing Homes

Aggregate	100	200	250	Per Medical Incident					
4,000	2.01 (55)	2.07 (60)	2.09 (63)	2.16 (70)	2.26 (73)	2.33 (74)	2.48 (75)	2.58 (76)	2.68 (77)
4,500	2.02 (55)	2.08 (60)	2.10 (63)	2.17 (70)	2.27 (73)	2.33 (74)	2.48 (75)	2.59 (76)	2.68 (77)
5,000	2.03 (55)	2.09 (60)	2.11 (63)	2.18 (70)	2.28 (73)	2.34 (74)	2.49 (75)	2.60 (76)	2.70 (77)
6,000	2.04 (55)	2.10 (60)	2.12 (63)	2.19 (70)	2.29 (73)	2.35 (74)	2.50 (75)	2.61 (76)	2.71 (77)
7,500	2.05 (55)	2.12 (60)	2.13 (63)	2.20 (70)	2.30 (73)	2.36 (74)	2.51 (75)	2.62 (76)	2.72 (77)
9,000	2.06 (55)	2.14 (60)	2.14 (63)	2.21 (70)	2.31 (73)	2.37 (74)	2.52 (75)	2.63 (76)	2.73 (77)
10,000	2.07 (55)	2.15 (60)	2.15 (63)	2.22 (70)	2.32 (73)	2.38 (74)	2.53 (75)	2.64 (76)	2.74 (77)

2. Dentists

Aggregate	2,500	3,000	4,000	5,000	Per Dental Incident					
2,500	1.44 (76)									
3,000	1.45 (76)	1.46 (77)								
4,000	1.46 (76)	1.47 (77)	1.48 (78)							
4,500	1.47 (76)	1.48 (77)	1.49 (78)							
5,000	1.48 (76)	1.49 (77)	1.50 (78)	1.51 (79)						
6,000	1.49 (76)	1.50 (77)	1.51 (78)	1.52 (79)	1.53 (80)					
7,500	1.50 (76)	1.51 (77)	1.52 (78)	1.53 (79)	1.54 (80)	1.55 (81)				
9,000	1.51 (76)	1.52 (77)	1.53 (78)	1.54 (79)	1.55 (80)	1.56 (81)	1.57 (83)	1.58 (84)		
10,000	1.52 (76)	1.53 (77)	1.54 (78)	1.55 (79)	1.56 (80)	1.57 (81)	1.58 (83)	1.59 (84)	1.60 (85)	

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52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00 (52)	1.07 (56)	1.09 (60)	1.11 (63)	1.12 (66)				
400	1.01 (55)	1.08 (56)	1.11 (60)	1.13 (63)	1.15 (66)				
500	1.02 (63)	1.09 (56)	1.13 (57)	1.15 (61)	1.17 (66)	1.20 (67)			
600	1.03 (55)	1.10 (56)	1.14 (58)	1.17 (63)	1.19 (66)	1.22 (70)			
750	1.04 (55)	1.11 (56)	1.15 (60)	1.18 (62)	1.21 (66)	1.24 (70)			
900	1.05 (55)	1.12 (56)	1.16 (60)	1.19 (63)	1.23 (65)	1.26 (70)			
1,000	1.06 (54)	1.13 (56)	1.17 (59)	1.20 (63)	1.24 (66)	1.27 (68)	1.33 (71)		
1,250	1.07 (55)	1.14 (56)	1.18 (60)	1.21 (63)	1.25 (66)	1.28 (70)	1.34 (73)		
1,500	1.08 (55)	1.15 (56)	1.19 (60)	1.22 (63)	1.25 (66)	1.29 (69)	1.35 (73)	1.39 (74)	
2,000	1.09 (55)	1.16 (56)	1.20 (60)	1.23 (63)	1.26 (66)	1.30 (70)	1.36 (73)	1.40 (74)	1.42 (75)
2,500	1.10 (55)	1.17 (56)	1.21 (60)	1.24 (63)	1.27 (66)	1.31 (91)	1.37 (73)	1.41 (74)	1.43 (75)
3,000	1.11 (55)	1.18 (56)	1.22 (60)	1.25 (63)	1.28 (66)	1.32 (70)	1.38 (72)	1.42 (74)	1.44 (75)
4,000	1.12 (55)	1.19 (56)	1.23 (60)	1.26 (63)	1.29 (66)	1.33 (70)	1.39 (73)	1.43 (74)	1.45 (75)

3. Hospitals

Aggregate	Per Medical Incident							
	100	150	200	250	300	500	1,000	
300	1.00 (52)	1.08 (56)	1.12 (60)	1.14 (63)	1.16 (66)			
500	1.04 (53)	1.16 (56)	1.24 (57)	1.29 (61)	1.33 (66)	1.41 (67)		
600	1.05 (55)	1.18 (56)	1.27 (58)	1.33 (63)	1.38 (66)	1.49 (70)		
1,000		1.20 (56)	1.31 (59)	1.40 (63)	1.47 (66)	1.66 (68)	1.83 (71)	
1,500		1.21 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (69)	2.01 (73)	
2,000					1.51 (66)	1.76 (70)	2.09 (73)	
3,000							2.14 (72)	

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3. Hospitals

Aggregate	1,500	Per Medical Incident	2,000	3,000
1,500	2.10 (74)			
2,000	2.24 (74)	2.30 (75)		
3,000	2.34 (74)	2.46 (75)		2.58 (77)
4,000	2.37 (74)	2.51 (75)		2.69 (77)
5,000	2.38 (74)	2.53 (75)		2.73 (77)

4. Physicians Social Services

Aggregate	1,500	Per Claim / Medical Incident	2,000	2,500	3,000
1,500	2.63 (74)				
2,000	2.73 (74)	2.85 (75)			
2,500	2.78 (74)	2.92 (75)		3.00 (76)	
3,000	2.80 (74)	2.96 (75)		3.06 (76)	3.12 (77)

5. Surgeons

Aggregate	1,500	Per Medical Incident	2,000	2,500	3,000
1,500	2.78 (74)				
2,000	2.89 (74)	3.04 (75)			
2,500	2.95 (74)	3.13 (75)		3.24 (76)	
3,000	2.98 (74)	3.17 (75)		3.31 (76)	3.39 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

4. ~~Insurance Agents~~ ~~Lawyers~~ Physicians Social Services

Aggregate	Per Claim / Medical Incident						500	1,000
	100	150	200	250	300			
300	1.00	1.15	1.24	1.32	1.38			
	(52)	(56)	(60)	(63)	(66)			
400	1.01	1.17	1.30	1.39	1.46			
	(55)	(56)	(60)	(63)	(66)			
500		1.19	1.32	1.44	1.52		1.74	
		(56)	(57)	(61)	(66)		(67)	
600		1.20	1.34	1.46	1.56		1.80	
		(56)	(58)	(63)	(66)		(70)	
750		1.21	1.35	1.48	1.58		1.87	
		(56)	(60)	(62)	(66)		(70)	
900				1.49	1.60		1.92	
				(63)	(65)		(70)	
1,000					1.61		1.94	2.30
					(66)		(68)	(71)
1,500					1.62		1.99	2.44
					(66)		(69)	(73)
2,000							2.00	2.50
							(70)	(73)
2,500								2.52
								(73)
3,000								2.53
								(72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

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MEDICAL MALPRACTICE LIABILITY MANUAL

GUIDE (a) RATES

6. Chiropractors
Chiropodists / Podiatrists
FMTs
Miscellaneous Health Care
Optometrists
Pedorthists
Physiotherapists

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident										
	1,500	2,000	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
1,500	2,100 (74)										
2,000	2,130 (74)	2,210 (75)									
2,500	2,140 (74)	2,230 (75)	2,280 (76)								
3,000	2,150 (74)	2,240 (75)	2,300 (76)	2,330 (77)							
4,000	2,170 (74)	2,260 (75)	2,310 (76)	2,351 (77)	2,483 (78)						
4,500	2,180 (74)	2,270 (75)	2,320 (76)	2,359 (77)	2,491 (78)						
5,000	2,200 (74)	2,300 (75)	2,330 (76)	2,368 (77)	2,501 (78)	2,638 (79)					
6,000					2,518 (78)	2,656 (79)	2,799 (80)				
7,500					2,544 (78)	2,683 (79)	2,828 (80)	2,977 (81)			
9,000					2,569 (78)	2,710 (79)	2,855 (80)	3,006 (81)	3,161 (83)	3,321 (84)	
10,000					2,585 (78)	2,726 (79)	2,873 (80)	3,025 (81)	3,181 (83)	3,342 (84)	3,508 (85)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

5. Surgeons

Aggregate	Per Medical Incident						1,000
	100	150	200	250	300	500	
300	1.00 (52)	1.15 (56)	1.25 (60)	1.33 (63)	1.40 (66)		
400	1.01 (55)	1.18 (56)	1.31 (60)	1.41 (63)	1.48 (66)		
500		1.19 (56)	1.34 (57)	1.46 (61)	1.54 (66)	1.78 (67)	
600		1.20 (56)	1.36 (58)	1.48 (63)	1.59 (66)	1.85 (70)	
750		1.21 (56)	1.37 (60)	1.50 (62)	1.61 (66)	1.92 (70)	
900				1.51 (63)	1.63 (65)	1.97 (70)	
1,000					1.64 (66)	2.00 (68)	2.40 (71)
1,500					1.65 (66)	2.05 (69)	2.56 (73)
2,000						2.06 (70)	2.63 (73)
2,500							2.65 (73)
3,000							2.66 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

MEDICAL MALPRACTICE LIABILITY MANUAL

GUIDE (a) RATES

7.

Blood Banks

Medical or X-ray Laboratories

Aggregate	Per Medical Incident		
	1,500	2,000	3,000
1,500	2.81 (74)		
2,000	2.88 (74)	3.25 (75)	
3,000	2.91 (74)	3.34 (75)	4.08 (77)
4,000		3.35 (75)	4.14 (77)
5,000			4.15 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

6. **Animal Grooming**
Cemetery
Chiropractors
Chiropodists / Podiatrists
Clergy / Counselors
~~Cosmetologists and Barbers~~
~~Cosmetology or Barbering School~~
~~County Recorders and / or County Clerks~~
EMTs
~~Funeral Service Providers~~
~~Miscellaneous Health Care~~
Optometrists
Pedorthists
Physiotherapists
Printers
~~Real Estate Agents~~
Teachers
~~Travel Agents~~
Veterinarians

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.14 (56)	1.22 (60)	1.29 (63)	1.33 (66)		
400	1.01 (55)	1.15 (56)	1.26 (60)	1.34 (63)	1.38 (66)		
500		1.16 (56)	1.27 (57)	1.36 (61)	1.40 (66)	1.56 (67)	
600		1.17 (56)	1.28 (58)	1.37 (63)	1.42 (66)	1.62 (70)	
750		1.18 (56)	1.29 (60)	1.38 (62)	1.44 (66)	1.65 (70)	
900				1.39 (63)	1.46 (65)	1.67 (70)	
1,000					1.47 (66)	1.68 (68)	1.92 (71)
1,500					1.48 (66)	1.69 (69)	1.97 (73)
2,000						1.70 (70)	1.98 (73)
2,500							1.99 (73)
3,000							2.00 (72)

THE CINCINNATI INSURANCE COMPANIES

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MEDICAL MALPRACTICE LIABILITY MANUAL

TERRITORY PAGE

Medical Professional (except Dentist's)

COOK COUNTY.....	001
REMAINDER OF STATE.....	002

Dentist's Professional

COOK COUNTY.....	001
DUPAGE, KANE, LAKE,	
WILL COUNTIES.....	002
REMAINDER OF STATE.....	003

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

7. Blood Banks Medical or X-ray Laboratories

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.15 (56)			1.38 (66)		
500	1.01 (53)	1.17 (56)	1.29 (57)	1.40 (61)	1.48 (66)	1.70 (67)	
600			1.30 (58)	1.40 (63)	1.49 (66)	1.75 (70)	
1,000						1.82 (68)	2.32 (71)
1,500						1.82 (69)	2.40 (73)
2,000							2.42 (73)
3,000							2.42 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES

MEDICAL MALPRACTICE LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE

The Terrorism Risk Insurance Act (TRIA) states that the Department of the Treasury will certify an act of terrorism for coverage to be subject to TRIA. Thus, acts of terrorism which are not certified may be considered other acts of terrorism.

A. Description of Coverage

1. **Certified Acts of Terrorism** - In accordance with the Terrorism Risk Insurance Act (TRIA), all companies writing Commercial property and casualty insurance must make available to policyholders coverage for certified acts of terrorism. The Secretary of Treasury will declare when an act of terrorism is a certified act of terrorism.
2. **Other Acts of Terrorism** - An Other Act of Terrorism is any act of terrorism which meets the definition of terrorism but is not certified by the Secretary of Treasury.
3. For insureds of The Cincinnati Insurance Companies, Certified Acts of Terrorism Coverage and Other Acts of Terrorism Coverage are linked together, either provided or excluded together, barring unusual exposures or circumstances, and subject to the forms, limitations, exclusions and rates in the rules below.

B. Offer, Disclosure and Forms - Disclosures / Limitations / Exclusions:

1. TRIA requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage. Companies must also inform insureds that a \$100 billion cap applies to certified acts of terrorism. Attach **Policyholder Notice Terrorism Insurance Coverage**, Form **IA 4236**.
2. Attach **Cap on Losses from Certified Acts of Terrorism**, Form **IA 4238** to the policy if the insured elects terrorism coverage.
3. If terrorism coverage is NOT desired, we must receive and have on file a written rejection from the insured. Attach **Exclusion of Certified Acts and Other Acts of Terrorism**, Form **IA 319 IL** to the policy.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES ~~PROFESSIONAL LIABILITY MANUAL~~ ~~TERRORISM COVERAGE RULES~~

1. TERRORISM COVERAGE

The Terrorism Risk Insurance Act (TRIA) states that the Department of the Treasury will certify an act of terrorism for coverage to be subject to TRIA. Thus, acts of terrorism which are not certified may be considered other acts of terrorism.

A. Description of Coverage

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B. Offer, Disclosure and Forms - Disclosures / Limitations / Exclusions:

1. TRIA requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage. Companies must also inform insureds that a \$100 billion cap applies to certified acts of terrorism. Attach **Policyholder Notice Terrorism Insurance Coverage**, Form **IA 4236**.
2. Attach **Cap on Losses from Certified Acts of Terrorism**, Form **IA 4238** to the policy if the insured elects terrorism coverage.
3. If terrorism coverage is NOT desired, we must receive and have on file a written rejection from the insured. Attach **Exclusion of Certified Acts and Other Acts of Terrorism**, Form **IA 319 IL** to the policy.

THE CINCINNATI INSURANCE COMPANIES

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MEDICAL MALPRACTICE LIABILITY MANUAL

TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

C. Premium Determination:

1. Certified Acts of Terrorism and Other Acts of Terrorism

- a. Apply the factor / rate shown below in accordance with the geographic tier and hazard class of the policy to all eligible policy premium to determine the additional premium for acts of terrorism.
- b. Factors / Rates apply per policy to all eligible coverage premiums and cannot be divided.
- c. Factors / Rates for terrorism coverage.
 - (1) Eligible Policy Premium** - Includes all premium for all coverages and policies rated from any of the following except as noted:
 - (a)** Division One - Auto
 - (b)** Division Two - Machinery and Equipment
 - (c)** Division Three - Crime
 - (d)** Division Four - Farm
 - (e)** Division Five - Fire and Allied Lines
 - (f)** Division Six - General Liability
 - (g)** Division Seven - Professional Liability, excluding any Medical Professional
 - (h)** Division Eight - Inland Marine
 - (i)** Division Nine - Multiple Line
 - (j)** Commercial Umbrella Program, excluding any Medical Professional and any attached Personal Umbrella
 - (k)** Businessowners Package Program, excluding any Medical Professional
 - (l)** Dentist's Package Program, excluding any Medical Professional
 - (m)** Package for Artisan Contractors
 - (n)** Religious Institutions Package Policy
 - (o)** Garage Operators Policy
 - (p)** Financial Institutions Package Program
 - (q)** Printers Package Program
 - (r)** Metalworkers Package Policy
 - (s)** Commercial Output Policy

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

~~PROFESSIONAL~~ LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

C. Premium Determination:

1. Certified Acts of Terrorism and Other Acts of Terrorism

- a. Apply the factor / rate shown below in accordance with the geographic tier and hazard class of the policy to all eligible policy premium to determine the additional premium for acts of terrorism.
- b. Factors / Rates apply per policy to all eligible coverage premiums and cannot be divided.
- c. Factors / Rates for terrorism coverage.
 - (1) **Eligible Policy Premium** - Includes all premium for all coverages and policies rated from any of the following except as noted:
 - (a) Division One - Auto
 - (b) Division Two - Machinery and Equipment
 - (c) Division Three - Crime
 - (d) Division Four - Farm
 - (e) Division Five - Fire and Allied Lines
 - (f) Division Six - General Liability
 - (g) Division Seven - Professional Liability, excluding any Medical Professional
 - (h) Division Eight - Inland Marine
 - (i) Division Nine - Multiple Line
 - (j) Commercial Umbrella Program, excluding any Medical Professional and any attached Personal Umbrella
 - (k) Businessowners Package Program, excluding any Medical Professional
 - (l) Dentist's Package Program, excluding any Medical Professional
 - (m) Package for Artisan Contractors
 - (n) Religious Institutions Package Policy
 - (o) Garage Operators Policy
 - (p) Financial Institutions Package Program
 - (q) Printers Package Program
 - (r) Metalworkers Package Policy
 - (s) Commercial Output Policy
 - ~~(t) Non-Profit Organization Package Program (Iowa)~~

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

MEDICAL MALPRACTICE LIABILITY MANUAL

TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

(2) Geographic Tiers:

TIER	TERRITORY DEFINITION	TERRITORY CODES (Fire)	TERRITORY CODES (GL)
1	San Francisco, CA	CA - 380, 410	CA - 001
	Washington, D.C.	DC - All Codes	DC - 001
	Chicago, IL	IL - 082	IL - 001
	New York City, NY (Manhattan only)	NY - 310	NY - 001
2	Los Angeles County, CA	CA - 600-630	CA - 003
	Cook County, IL (Outside Tier 1)	IL - 080-089, excl - 082	IL - 007
	Suffolk County, MA (Boston Area)	MA - 130, 131	MA - 014
	Montgomery & Prince George's Counties, MD (DC Area)	MD - 160-179	MD - 002
	New York City, NY except Manhattan	NY - 030, 240, 300-309, 410, 430, 520	NY - 010
	Philadelphia, PA	PA - 510	PA - 001
	Harris County, TX (Houston Area)	TX - 718	TX - 004
	Arlington, Alexandria, VA (DC Area)	VA - 040, 150, 495, 545, 565	VA - 001
	King County, WA (Seattle Area)	WA - 170, 171	WA - 001
3	Remainder of Country	All Other per State	All Other

THE CINCINNATI INSURANCE COMPANIES**DIVISION SEVEN****COMMERCIAL LINES****PROFESSIONAL LIABILITY MANUAL
TERRORISM COVERAGE RULES****1. TERRORISM COVERAGE (Cont'd)****(2) Geographic Tiers:**

TIER	TERRITORY DEFINITION	TERRITORY CODES (Fire)	TERRITORY CODES (GL)
1	San Francisco, CA	CA - 380, 410	CA - 001
	Washington, D.C.	DC - All Codes	DC - 001
	Chicago, IL	IL - 082	IL - 001
	New York City, NY (Manhattan only)	NY - 310	NY - 001
2	Los Angeles County, CA	CA - 600-630	CA - 003
	Cook County, IL (Outside Tier 1)	IL - 080-089, excl - 082	IL - 007
	Suffolk County, MA (Boston Area)	MA - 130, 131	MA - 014
	Montgomery & Prince George's Counties, MD (DC Area)	MD - 160-179	MD - 002
	New York City, NY except Manhattan	NY - 030, 240, 300-309, 410, 430, 520	NY - 010
	Philadelphia, PA	PA - 510	PA - 001
	Harris County, TX (Houston Area)	TX - 718	TX - 004
	Arlington, Alexandria, VA (DC Area)	VA - 040, 150, 495, 545, 565	VA - 001
3	King County, WA (Seattle Area)	WA - 170, 171	WA - 001
	Remainder of Country	All Other per State	All Other

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

MEDICAL MALPRACTICE LIABILITY MANUAL

TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

(3) **Hazard Classes** - These are subject to change in accordance with evolving knowledge of terrorist means, targeting and reinsurance limitations. Refer to the Terrorism Hazard Underwriting Guideline for current specific class and risk definitions:

(a) **High Hazard** - Subject to underwriting judgement, but primarily terrorism target properties as determined by ISO and / or associated with reinsurance limitations. Refer to company for classification and rating.

(b) **Low Hazard** - Subject to underwriting judgement, but generally all other classes and risks not considered a high hazard terrorism target but still potentially subject to loss, even if just collateral damage or incidental liability.

(4) **Rate Factors:**

(a) **Auto and Other Than Auto (OTA):**

HAZARD CLASS:	LINE:	GEOGRAPHIC TIERS:			MIN. PREM.:
		1	2	3	
LOW HAZARD	Auto OTA	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	\$ 25.00
		5.0% (0.050)	4.0% (0.040)	0.75% (0.0075)	
HIGH HAZARD	Auto OTA	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	\$125.00
		8.0% (0.080)	7.0% (0.070)	1.50% (0.0150)	

(b) Factors apply to final eligible premiums, after the application of all other rating factors including IRPM or Schedule credits or debits.

(c) Factors do not apply to state specified surcharges, fees or taxes.

(d) Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(e) This premium is subject to anniversary adjustment but not midterm adjustment.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

PROFESSIONAL LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

(3) **Hazard Classes** - These are subject to change in accordance with evolving knowledge of terrorist means, targeting and reinsurance limitations. Refer to the Terrorism Hazard Underwriting Guideline for current specific class and risk definitions:

- (a) **High Hazard** - Subject to underwriting judgement, but primarily terrorism target properties as determined by ISO and / or associated with reinsurance limitations. Refer to company for classification and rating.
- (b) **Low Hazard** - Subject to underwriting judgement, but generally all other classes and risks not considered a high hazard terrorism target but still potentially subject to loss, even if just collateral damage or incidental liability.

(4) **Rate Factors:**

(a) **Auto and Other Than Auto (OTA):**

HAZARD CLASS:	LINE:	GEOGRAPHIC TIERS:			MIN. PREM.:
		1	2	3	
LOW HAZARD	Auto	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	\$ 25.00
	OTA	5.0% (0.050)	4.0% (0.040)	0.75% (0.0075)	
HIGH HAZARD	Auto	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	\$125.00
	OTA	8.0% (0.080)	7.0% (0.070)	1.50% (0.0150)	

- (b) Factors apply to final eligible premiums, after the application of all other rating factors including IRPM or Schedule credits or debits.
- (c) Factors do not apply to state specified surcharges, fees or taxes.
- (d) Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.
- (e) This premium is subject to anniversary adjustment but not midterm adjustment.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

1. RULES FOR USE OF GUIDE (a) RATES

- I. Rates differing from the guide (a) rates in the schedule, or a rating basis differing from a rating basis in the schedule, provided none is specified in the Professional Liability Manual, may be established in individual cases by the company.
- II. (a) rates for exposures not assignable to any classification contained in the schedule of guide (a) rates or in the Professional Liability Manual may be established in individual cases by the company.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

~~36. SOCIAL SERVICES PROFESSIONAL LIABILITY~~

Adoption or Child Placement	Code 20015	\$415.00	each professional individual
Residential Childcare	Code 20016	\$205.00	each professional individual

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

52. INCREASED LIMITS TABLES

- A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:
1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
 2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
 3. Where neither limit required appears in the table, submit for rating.
- B. All limits are expressed in thousands of dollars.
- C. Limit codes are shown in parentheses under factors.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

1. Convalescent or Nursing Homes

Aggregate	100	200	250	Per Medical Incident					
4,000	2.01 (55)	2.07 (60)	2.09 (63)	2.16 (70)	2.26 (73)	2.33 (74)	2.48 (75)	2.58 (76)	2.68 (77)
4,500	2.02 (55)	2.08 (60)	2.10 (63)	2.17 (70)	2.27 (73)	2.33 (74)	2.48 (75)	2.59 (76)	2.68 (77)
5,000	2.03 (55)	2.09 (60)	2.11 (63)	2.18 (70)	2.28 (73)	2.34 (74)	2.49 (75)	2.60 (76)	2.70 (77)
6,000	2.04 (55)	2.10 (60)	2.12 (63)	2.19 (70)	2.29 (73)	2.35 (74)	2.50 (75)	2.61 (76)	2.71 (77)
7,500	2.05 (55)	2.12 (60)	2.13 (63)	2.20 (70)	2.30 (73)	2.36 (74)	2.51 (75)	2.62 (76)	2.72 (77)
9,000	2.06 (55)	2.14 (60)	2.14 (63)	2.21 (70)	2.31 (73)	2.37 (74)	2.52 (75)	2.63 (76)	2.73 (77)
10,000	2.07 (55)	2.15 (60)	2.15 (63)	2.22 (70)	2.32 (73)	2.38 (74)	2.53 (75)	2.64 (76)	2.74 (77)

2. Dentists

Aggregate	2,500	3,000	4,000	5,000	Per Dental Incident					
2,500	1.44 (76)									
3,000	1.45 (76)	1.46 (77)								
4,000	1.46 (76)	1.47 (77)	1.48 (78)							
4,500	1.47 (76)	1.48 (77)	1.49 (78)							
5,000	1.48 (76)	1.49 (77)	1.50 (78)	1.51 (79)						
6,000	1.49 (76)	1.50 (77)	1.51 (78)	1.52 (79)	1.53 (80)					
7,500	1.50 (76)	1.51 (77)	1.52 (78)	1.53 (79)	1.54 (80)	1.55 (81)				
9,000	1.51 (76)	1.52 (77)	1.53 (78)	1.54 (79)	1.55 (80)	1.56 (81)	1.57 (83)	1.58 (84)		
10,000	1.52 (76)	1.53 (77)	1.54 (78)	1.55 (79)	1.56 (80)	1.57 (81)	1.58 (83)	1.59 (84)	1.60 (85)	

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

3. Hospitals

Aggregate	1,500	Per Medical Incident	2,000	3,000
1,500	2.10 (74)			
2,000	2.24 (74)	2.30 (75)		
3,000	2.34 (74)	2.46 (75)		2.58 (77)
4,000	2.37 (74)	2.51 (75)		2.69 (77)
5,000	2.38 (74)	2.53 (75)		2.73 (77)

4. Insurance Agents Lawyers Physicians Social Services

Aggregate	1,500	Per Claim / Medical Incident	2,000	2,500	3,000
1,500	2.63 (74)				
2,000	2.73 (74)	2.85 (75)			
2,500	2.78 (74)	2.92 (75)		3.00 (76)	
3,000	2.80 (74)	2.96 (75)		3.06 (76)	3.12 (77)

5. Surgeons

Aggregate	1,500	Per Medical Incident	2,000	2,500	3,000
1,500	2.78 (74)				
2,000	2.89 (74)	3.04 (75)			
2,500	2.95 (74)	3.13 (75)		3.24 (76)	
3,000	2.98 (74)	3.17 (75)		3.31 (76)	3.39 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

6. ~~Animal Grooming~~
~~Cemetery~~
~~Chiropractors~~
~~Chiropodists / Podiatrists~~
~~Clergy / Counselors~~
~~Cosmetologists and Barbers~~
~~Cosmetology or Barbering School~~
~~County Records and / or County Clerks~~
~~EMTs~~
~~Funeral Service Providers~~
~~Miscellaneous Health Care~~
~~Optometrists~~
~~Podiatrists~~
~~Physiotherapists~~
~~Printers~~
~~Real Estate Agents~~
~~Teachers~~
~~Travel Agents~~
~~Veterinarians~~

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident			
	1,500	2,000	2,500	3,000
4,500	2.10 (74)			
2,000	2.13 (74)	2.21 (75)		
2,500	2.14 (74)	2.23 (75)	2.28 (76)	
3,000	2.15 (74)	2.24 (75)	2.30 (76)	2.33 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

7. Blood Banks Medical or X-ray Laboratories

Aggregate	Per Medical Incident		
	1,500	2,000	3,000
1,500	2.81 (74)		
2,000	2.88 (74)	3.25 (75)	
3,000	2.91 (74)	3.34 (75)	4.08 (77)
4,000		3.35 (75)	4.14 (77)
5,000			4.15 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRITORY PAGE

Legal Professional (Subline Code 317)

ENTIRE STATE 999

Medical Professional

Hospital Professional Liability (Subline Code 210)

**Miscellaneous Liability - Professional
Excluding Veterinarians Professional
Liability** (Subline Codes 220 or 240)

**Physicians, Surgeons and Dentists
Professional Liability** (Subline Code
230)

COOK COUNTY 001

REMAINDER OF STATE 002

Veterinarians Professional Liability (Subline
Code 317)

ENTIRE STATE 999

SERFF Tracking #:	CNNA-128613338	State Tracking #:	CNNA-128613338	Company Tracking #:	CQD-PRO-11-7519MM-IL
State:	Illinois	First Filing Company:	The Cincinnati Casualty Company, ...		
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations				
Product Name:	Medical Malpractice Liability				
Project Name/Number:	Manual Rewrite (Separating manual - Med. Mal. ONLY)/1881 1861 1827 1854 1766 1813 1827 1643 1634 1620 1681 1699 1688 1672 1715 1708 IL299 12760 12708				

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/02/2012		Supporting Document	Form RF3 - (Summary Sheet)	10/10/2012	